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ANNUAL PROGRESS AND SERVICES REPORT

COMPREHENSIVE CHILD AND FAMILY SERVICES STATE PLAN

FY 2010-2014

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This Comprehensive Child and Family Services State Plan details the goals, objectives, program plans, services and service delivery strategies put in place by the State of Kansas for the five year time period FFY 2010-2014. This is the fourth report to be submitted for the state's fourth 5 year plan.

Table of Contents

| | Page |
|--|-------|
| INTRODUCTION | 5 |
| DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES (Soon to be Department for Children and Families) | |
| The Agency's Mission And Vision | |
| Mission: to protect children and promote adult self-sufficiency | 6 |
| Outcomes SRS seeks to achieve | |
| Measurable results | |
| GOALS AND OBJECTIVES OF THE 5 YEAR PLAN FFY 2010-2014 | 7 |
| Consultation and Coordination | |
| CHILD ABUSE AND NEGLECT STATEWIDE INTERVENTION | 14 |
| The Safety/Risk Assessment | |
| Infants Abandoned At or Shortly After Birth | |
| CHILD ABUSE AND NEGLECT STATEWIDE TREATMENT SERVICES | |
| Promoting Safe And Stable Families Programs | |
| Family Services | |
| Family Preservation Services | |
| Collaboration with the CBCAP Agency | |
| Services to Achieve Timely Permanency | |
| Time Limited Reunification | 15-25 |
| Adoption Promotion and Support | |
| Adoption Assistance | |
| Permanent Custodianship | |
| Life Skills Services | |
| Independent Living Services | |
| SRS Independent Living Program | |
| SPECIFIC ACCOMPLISHMENTS AND PROGRESS DURING THE PAST YEAR | |
| Development and implementation of the new Child Welfare Case Management Provider (CWCMP) contracts | |
| Reintegration Foster Care Adoption 2010 Summary of Significant Changes | 25-29 |
| Family Preservation Services (FPS) 2010 Summary of Significant Changes | |
| Progress on Custody Prevention Projects | |
| Work to increase IV-E penetration rate | |
| Youth Work | |
| STEPS TO IMPROVE OUTCOMES DURING THE COMING YEAR | 29-30 |
| UPDATE ON GOALS AND OBJECTIVES AND AREAS NEEDING IMPROVEMENT | |

State Of Kansas Program Improvement Plan (PIP)
National Standards Measurement Plan for Kansas
CFSR data profile for FFY08

| | |
|---|---------|
| SERVICES TO BE PROVIDED IN THE COMING YEAR | 30 |
| POPULATIONS AT RISK FOR MALTREATMENT | 33 |
| COLLABORATION | |
| The Kansas Court Improvement Program | |
| Child Welfare Initiative Agreement | |
| Program Initiatives | 34-51 |
| Community Services Grants | |
| Fatherhood Initiatives | |
| Faith-based Initiatives | |
| PROGRAM SUPPORT | |
| Technical Assistance/Consultation with National Resource Centers | 51 |
| Workforce Information | 54 |
| THE TRAINING PLAN | |
| The Five Year Strategic Plan | |
| Goals for FFY 2010 – 2014 | |
| Initial Staff Training (Pre-Service) | 55-73 |
| Ongoing Staff Training | |
| Training for Supervisors and Managers | |
| Content and Quality of the Training | |
| Strengthening Connections between Training and Performance | |
| TRIBAL CONSULTATION | 73-78 |
| Services provided through the child welfare grants | |
| Consultation with the Tribes | |
| PHYSICIANS AND APPROPRIATE MEDICAL PROFESSIONALS | 78-83 |
| State of Kansas Health Oversight and Coordination Plan | |
| Monitoring and Treating Emotional Trauma | 83-89 |
| Monitoring and Use of Psychotropic Medications | 89-94 |
| RESEARCH AND PROGRAM EVALUATION | 94-97 |
| Rural Mental Health Steering Committee | |
| Fostering Connections To Success And Increasing Adoptions Act Of 2008 | |
| DISASTER PLANS | 97-99 |
| FOSTER AND ADOPTIVE PARENT RECRUITMENT | 99-105 |
| MONTHLY CASEWORKER VISITS | 105-109 |

| | |
|---|---------|
| ADOPTION INCENTIVE PAYMENTS | 109-110 |
| QUALITY ASSURANCE SYSTEM | 110-113 |
| SERVICES TO CHILDREN UNDER THE AGE OF 5 | 113-115 |
| CHILD MALTREATMENT DEATHS | 115 |
| THE CAPTA STATE GRANT | 115-120 |
| CHAFEE FOSTER CARE INDEPENDENCE PROGRAM | |
| Youth Regional and State Conferences | 120-129 |
| Weekend Computer Camps | |
| Kansas Youth Conservation Corp | |
| Supportive Services | |
| EDUCATION AND TRAINING VOUCHERS (ETV) PROGRAM | 129-131 |
| SUPPORTING INFORMATION | |
| Collaboration with the Juvenile Justice Authority | |
| Juvenile Justice Transfers | |
| Cross Jurisdictional Youth | |
| Inter-Country Adoptions | 132-137 |
| Child Welfare Demonstration Projects | |
| Promoting Safe and Stable Families Methamphetamine or other | |
| Substance Abuse Grant | |
| Placement Stability Project | |
| Kansas Foster and Adoptive Parent Association (KFAPA) | |
| ICPC INFORMATION | 137-138 |
| FINANCIAL AND STATISTICAL INFORMATION | 138-139 |

ANNUAL PROGRESS AND SERVICES REPORT
COMPREHENSIVE CHILD AND FAMILY SERVICES STATE PLAN

FFY 2010-2014

INTRODUCTION

This Comprehensive Child and Family Services State Plan details the goals, objectives, program plans, services and service delivery strategies put in place by the State of Kansas for the five year time period FFY 2010-2014. This is the fourth report to be submitted for the state's fourth 5 year plan. The Department of Health and Human Services Administration of Children and Families (ACF) approved Kansas' second Program Improvement Plan (PIP) with an implementation date of October 1, 2008, and approved completion of the PIP in December, 2010. Kansas' PIP was comprised of action steps and goals that have short term and long term impact throughout the life of the 5 year state plan which are interwoven throughout this plan.

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES (Soon to be Department for Children and Families)

Note: On July 1, 2012, the name for the Department of Social and Rehabilitation Services (SRS) will officially change to Department for Children and Families (DCF). Also, the Division of Children and Family Services will be renamed the Division of Prevention and Protection Services.

The **Integrated Service Delivery Division (ISD) of Social and Rehabilitation Services** serves clients by providing services in offices and at access points located throughout the state. The Division is comprised of Economic and Employment Support, Children and Family Services, Rehabilitation Services and Child Support Enforcement. Services are provided directly by the division or through community partnerships. The division's work encompasses services to children, to families with children, and to vulnerable adults or adults who have special needs. The overarching emphasis is to secure a safe, permanent and self-sufficient environment for the individuals and families who are its customers.

A significant emphasis is placed on a customer service approach. SRS places the customer at the center of its planning efforts, policy development, program implementation procedures and practices. Customer outcomes drive decision making at all levels of the organization. To more appropriately demonstrate this philosophy the agency seeks meaningful ways to engage customers in contributing to the improvement of the supports and services provided or paid for by SRS.

Children and Family Services (CFS) is part of the Integrated Service Delivery Division and responsible for administering the State's child welfare programs under:

The State administers child welfare services through Regional offices and contracts. SRS social workers complete child abuse neglect investigations, assessments of non-abuse/neglect situations, and provide Family Services. Family Preservation Services are provided through contracts with St. Francis Community Services in the West and Northeast part of the state and DCCCA for the rest of the state, and the contractors for Reintegration/Foster Care/Adoption are listed on page 26.

- Title IV-B, subpart 1, Stephanie Tubbs Jones Child Welfare Program;

- Title IV-B, subpart 2, Promoting Safe and Stable Families;
- The Adoption and Safe Families Act, P.L. 105-89;
- Title IV-E, Federal Payment for Foster Care and Adoption Assistance, P L. 96-272;
- The John H. Chafee Foster Care Independence Program, and
- The Child Abuse Prevention and Treatment Act (CAPTA).

The provisions of these Acts are incorporated into and implemented through the Kansas Code for Care of Children (CINC). After several years of review, a revised CINC code was passed by the 2006 Kansas Legislature and took effect January 2007. The Revised Kansas Code for Care of Children [KSA 38-2201etseq.] may be found at:

http://kslegislature.org/li/statute/038_000_0000_chapter/038_022_0000_article/

During the 2009 legislative session, SB 134 limited courts' jurisdiction in CINC cases to the child's 18th birthday or graduation from high school the year of the 18th birthday, contingent upon a court approved transition plan. Further, the bill clarified that the transition plan would include educational and employment services, as well as any services for which a disabled adult would be eligible (i.e. HCBS). The bill limits authorization of SRS custody for non-maltreatment cases to ages 15 and younger, unless the child has no identifiable parental or family resources.

During the 2010 legislative session SB 460, was submitted and passed by the Kansas legislature. SB 460 provided a formal process for preserving custody orders when a child in need of care or juvenile offender case closes; the formal means to initiate a child in need of care petition when the judge determines it is best for a child during the course of any other civil custody case and assured that custody orders entered in CINC or JO proceedings take precedence over any other pre-existing custody orders.

During the 2011 legislative session, K.S.A. 38-2262 was amended by SB 38 providing any child 10 or older the right to testify. Additionally, House Substitute for SB 23 amends both the code for care of children and juvenile justice code to require school districts award a diploma to youth 17 or older if enrolled or residing in the district upon request if the youth has achieved the minimum high school graduation requirements adopted by the State Board of Education.

The Agency's Mission and Vision

Mission: to protect children and promote adult self-sufficiency

In 2006 and 2007, SRS began initiatives to connect children, youth and adult consumers to evidence-based prevention strategies that address the risk factors to which they are exposed. This agency-wide initiative was designed to improve customer service, decrease the need for further additional services by those coming into contact with the agency, increase cross-agency collaboration, and reduce the need for crisis management. SRS actively supported prevention efforts in the past and, through this initiative, became more purposeful about integrating prevention throughout all program areas.

The agency's efforts focused on the following six risk factors to target service delivery to more effectively address the issues that place SRS customers at risk.

1. Poverty - Conditions of extreme deprivation, poor living conditions, high unemployment

2. Low Attachment and Community Disorganization - Sense of inability to change environmental conditions compounded by fragmented supports
3. Early Initiation (Age of Onset) - Involvement at an early age in destructive and dysfunctional behaviors increases the likelihood of the issues escalating to serious levels of intensity
4. Individual and Family History - Exposure increases the likelihood that individuals (including children) become involved in destructive behaviors
5. Family Management - Unclear expectations, failure to supervise and monitor, and excessively severe, harsh, or inconsistent punishment
6. Family Conflict - Persistent, serious conflict between primary caregivers or between caregivers and children

Outcomes SRS seeks to achieve:

As the cornerstone of measuring success SRS uses its mission to protect children and promote adult self-sufficiency. The agency's charge includes promoting the well-being of families and assisting individuals to achieve success in their lives. The broad, overarching outcomes SRS seeks to achieve include:

- Children thrive.
- Families and individuals achieve maximum self-sufficiency.
- Families and individuals live in safe, stable and supportive environments.
- Customers are satisfied with services.

Measurable results:

With this focus in mind, the agency will continue to emphasize the following measurable results:

- Performance improvements in long-term outcomes for Kansas individuals and families which are tracked through CFSR outcomes;
- Reduction in the need for crisis and intervention related services, which are addressed through the community service projects listed in Attachments 1, 2 and 3;
- Strengthened partnerships with community organizations, which are assessed through annual site visits conducted on all of the Child Welfare Case Management Providers by CFS.

GOALS AND OBJECTIVES OF THE 5 YEAR PLAN FFY 2010-2014

As part of the Integrated Service Delivery Division, Children and Family Services staff works with families and communities to provide safety and permanency for children. Kansas' child welfare practice sets forth the **vision "all children are safe in nurturing families and communities" and a mission to achieve prevention, protection and preservation in child's time.** The agency strives for sound decision making at all levels, as well as, access to services to ensure safety in a family's own home, timely permanency for children removed from the home and positive well-being at every service point. The primary strategies of the Program Improvement Plan were to:

- Develop mechanisms to assess safety throughout the life of the case.
- Improve assessment processes and increase competencies in case planning that effect stability and timely permanency.

- Increase continuity of family relationships through matching initiatives, and placement resources for older youth, and children and youth with challenging behaviors.
- Improve engagement with fathers in case planning and worker contact practices.
- Increase frequency and quality of worker-child contacts.

The strategies of the PIP continue, and goals of the 5 Year Plan compliment and extend upon the Program Improvement Plan's primary strategies and action steps. The PIP focus was child safety, permanency, and wellbeing outcomes for children and families.

Goal #1 Safely reduce the number of children in out of home placement through custody prevention and timely permanency.

Objectives:

- Interim benchmark: Statewide, safely reduce the number of children entering custody of the Secretary and removed into out of home placement to 3,190 or less annually.
- Strategic long-term Benchmark: Safely and progressively reduce rates of removal for counties with high rates of removal.
- Interim Benchmark: Successfully meet negotiated PIP improvement goal of 120.7 for timely reintegration.
- Interim Benchmark: Successfully meet negotiated PIP improvement goal of 100.35 for timely adoption.
- Strategic (Long Term) Benchmark: Demonstrate progressive improvement in performance with the national data standard for timely reintegration and adoption.

Measures of Progress (corresponding to Goal 1 objectives):

- The number of children entering the custody of the Secretary and removed into out of home placement in a state fiscal year time period will be equal to or less than 3,190. Information is tracked and reported via state routine management and legislative reports, and made public via internet. The data source for removal information is the state child welfare information system FACTS, which is the source of AFCARS reporting. Kansas was meeting the benchmark with a reduction of 1% of children entering care through the third quarter of SFY 10 (n=2480) compared to the same time frame for SFY 09 (n=2508).
- For counties with more than 30 children removed into care in a state fiscal year and rates of removal per 1,000 children at or above 6.5, reduce the rate of removal by any amount within 12 months of the year of high removal rate. Tracking methodology will utilize routine annual removal rate report with FACTS removal information as the data source. The counties with more than 30 children removed at a rate of more than 6.5 per 1,000 children during SFY 2009 were Allen, Barton, Bourbon, Butler, Cherokee, Crawford, Geary, Harvey, Labette, Reno, Shawnee and Sumner. In SFY 10, 6 of the 12 counties reduced their removal rate. Bourbon county from 24.4 to 13.0, Butler from 6.7 to 5.2, Crawford from 10.7 to 10.3, Geary from 8.5 to 6.7, Harvey from 7.4 to 4.9 and Labette from 10.2 to 9.0. In SFY 2011, Allen County dropped below 30 children removed in SFY2011, but the rate of removal dropped from 18.4 to 9.2. Barton County's rate was 12.7, and Cherokee County was at 10.8, which were about the same as the prior year. Reno County dropped from 9.7 to 9.4, Shawnee County dropped from 12.1 to 9, and Sumner County dropped from 21.1 to 10.8.
- Kansas met the negotiated improvement goal for the CFSR PIP and has had a successful completion of the PIP. The ACF Data Profile for FFY 10 indicates Kansas' performance for timely reintegration at 117.3. This is an improvement from FFY 09 performance of 116.9.

- D. Kansas met the negotiated improvement goal for the CFSR PIP and has had a successful completion of the PIP. The ACF Data Profile for FFY 10 indicates Kansas' performance for timeliness of adoptions at 107.2 which meets the national standard.

The goals of timely reintegration and adoption either meet or exceed the national standard or show improvement in performance from the previous federal fiscal year. Kansas increased performance in Timely Reintegration from the previous federal fiscal AFCARS file. Kansas scored 121.6 for FY 2011ab which was an increase from 117.3 in FY 2010ab file. Kansas continues to meet and exceed the national standard for Timeliness of Adoptions with a composite score of 112.2 for FY 2011ab, which is an increase from 107.2 in FY 2010ab.

In 2012, the agency continues to extend upon the CFSR Program Improvement Plan's primary strategies and action steps in work we do with children and families. Kansas continues to use data in program and policy development and in the review of data related to the number of children in out of home placement, removal rates, timely reintegration and adoption. The latest Kansas Data profile dated March 23, 2012, indicates that Kansas exceeds the Federal Composite standard for Timeliness of Adoptions (112.2) and Permanency for Children and Youth in Foster Care for Long Periods of Time (135.5). Kansas does not meet the Federal Composite standard for Timeliness and Permanency of Reunification. Placement Stability in Kansas continues to show improvement and trending upward towards the Federal Composite Standard. The State Score in FFY2009 was 84.9, 2010 was 89.0 and 2011 was 92.7. See the latest data profile, Attachment 4, for additional information.

Goal #2 Improve safety management with families and assure wellbeing for children and families

Objectives:

- A. Interim Benchmark: Maintain procedures and tools to assess safety throughout the life of the case.
- B. Strategic (Long Term) Benchmark: Achieve standards for timely worker child visits
- C. Strategic (Long Term) Benchmark: Achieve standards for quality worker child visits

Measures of Progress (corresponding to Goal 2 objectives):

- A. Kansas met the negotiated improvement goal in SFY 2009 for the CFSR PIP which reflects the agency conducted ongoing safety assessments and updated safety plans through the life of the case. Qualitative Case review results for Q2 of SFY 11 show performance at 94.8%.
- B. Achieve targeted performance rates for FFY 09-11 (70% in FFY09, 80% in FFY10, 90% in FFY2011) with regard to monthly frequency and location of worker child visits. Methodology is worker child contact reports submitted from system data for FFY as required in annual report submission. The performance rate for worker/child visits was 93.3% in FFY 2010.
- C. Kansas met the negotiated improvement goal for the CFSR PIP in SFY 2009 with a rate of 83.7% in Q3. Most recent performance for SFY 11 through Q2 was 83.1% of (qualitative) case review results reflect quality of worker/child visits. For SFY 2010, performance was 86.3%. Qualitative Case review results are posted on the agency website.

Qualitative Case review results for Q2 of SFY 12 shows performance at 95% for the agency conducting ongoing safety assessments through the life of the case.

Kansas exceeded the benchmark of 90% for the 4th and final year of the worker-child visitation targeted performance grant, with 93% performance for FFY 2011. Kansas continues to strive for high performance standards for timely worker child visits with current performance for FFY 2012 through April 30th of 98.30%.

Goal #3 Assure racial equity as a standard outcome for children in care

Objectives:

- A. Interim Benchmark: Fulfill duties of Governor's Initiative to identify jurisdictions that face racial inequity in rates of removal into foster care, and work with proximity teams toward recommendations to the Kansas Governor regarding approaches to address issues of over representation of African American children entering foster care.
- B. Strategic (Long Term) Benchmark: Create parity in removal rates for African American children removed into out of home placement foster care.

Measures of Progress (Corresponding to Goal 3 objectives)

- A. Timely Deliverables: The Equity in Foster Care Report was submitted to the Kansas Governor timely. The report to the Kansas Governor regarding the Equity in Foster Care Initiative was submitted in November of 2009. The purpose of the report was to determine what was necessary to reduce the over representation of African American and Hispanic children and youth in the foster care and juvenile justice systems so children receive the services needed to ensure safety in their home, timely permanency when removed from the home and positive well-being at every service point.
- B. Reduce by .5 points the disproportionality metric (DM score) in a minimum of 3 Kansas counties (jurisdictions) rated in SFY08 as moderate, high or extreme. Kansas Methodology source is U C Berkeley, Disproportionality and Disparity Tool. Reports regarding removal rates by race and county are run annually, integrated into management, public reports, and will serve as updates regarding sustainability and accountability of the Governor's Initiative. Kansas has met the benchmark goal. Nine of the 13 counties (69%) identified with moderate, high or extreme disproportionate entry into care in SFY 2008 reduced their metric score for SFY 2009. Five of those 9 counties (56%) continue to show a reduction in SFY 10. Kansas will continue to run reports at fiscal yearend to track progress. Overall, the disproportionality metric increased from 2.76 in SFY 2009 to 2.91 in SFY 2010.
http://cssr.berkeley.edu/CWSCMSreports/dynamics/disprop/Disproportionality_Disparity_Methods.htm

Kansas continues to review data related to disproportionality of children in care. Statewide in SFY11, African American / Black children entered foster care at a rate 2 times their presence in the general population (DM = 2.57). In 2010, the statewide Disproportionality Metric for African American / Black children entering the custody of the Secretary of SRS was 2.91. Eight counties in Kansas have a DM of Moderate to Extreme for SFY 11 compared to sixteen counties in SFY 2010 using the same Moderate to Extreme metric. The Disproportionality Summary Report is Attachment 5. Also attached is the matrix for all counties, attachment 6. Kansas uses most recent census data and agency child welfare data along with a tool developed by Berkeley University to determine a disproportionality metric. Annual data is reviewed by program and data staff and made available to regional staff.

Goal #4 Increase stability in placement for children in care

Objectives:

- A. Interim Benchmark: Successfully meet negotiated improvement goal of 82.7 for data measure of placement stability. Kansas met the negotiated PIP improvement goal for stability in placement. The AFCARS FFY 09ab data profile indicated a percentage of 84.9.
- B. Strategic (Long term) Benchmark: Achieve progressive improvement toward the national data standard for placement stability. Kansas will continue to work toward meeting CFSR national standards.

Measures of progress (Corresponding to Goal 4 objectives):

- A. Kansas met the negotiated improvement goal for the CFSR PIP and has had a successful completion of the PIP-
- B. The ACF Data Profile indicates a continued increase in performance for placement stability increasing from 84.9 in FFY 2009 to 89.0 in FFY 2010. Future plans are described on page 98 in the placement stability projects designed to improve performance.

Placement Stability in Kansas continues to show improvement and trending upward towards the Federal Composite Standard. See latest Data Profile dated November, 2011 in Attachment 4.

Goal #5 Maintain connections for families and children served in CFS programs.

Objectives:

- A. Interim Benchmark: Increase efforts to engage fathers and assess the needs of fathers. Kansas has met the negotiated PIP improvement goals for engaging fathers in assessment and case planning. Various tools and practice models have been implemented which have improved engagement of fathers.
- B. Strategic Benchmark: Maintain involvement with both parents throughout case planning.

Measures of Progress (Corresponding to Goal 5 objectives): Next steps are described on page 38 under Fatherhood Initiatives.

- A. Kansas met the negotiated improvement goal for the CFSR PIP. Performance rates of qualitative case reviews for Q2 of SFY 11, indicates that 77% of cases reflected the agency completes a comprehensive assessment of the father's needs.
- B. Through performance rates with qualitative case reviews for Q2 of SFY 11, 74.2% of cases reflected the agency makes efforts to actively involve the father in case planning processes and 93.4% actively involve the mother in the case planning process.

Qualitative Case review results for Q2 of SFY 12 indicate that 84% of cases reflected the agency completes a comprehensive assessment of the father's needs. The same time period results indicate that 82% of cases reflected the agency makes efforts to actively involve the father in case planning processes.

Child and Family Services Review (CFSR), Child Welfare Case Management Provider and special project Outcome Measures and Performance Reports will be monitored throughout the five year time period to assess progress to determine areas needing program adjustments or new initiatives to reach the intended goals. See also, Attachment 4, Kansas Child and Family Service Review Data Profile.

Consultation and Coordination –

Children and Family Services consults and coordinates with a wide variety of stakeholders; family members, youth, Tribal representatives, Child Welfare Case Management Provider organizations, Medicaid, contracted providers and other divisions of SRS representing mental health, developmental disabilities, Economic and Employment Support, child day care, Head Start programs, family violence and Child Support and Enforcement. Coordination of programs is consistent and ongoing both at the state and community levels.

Standing committees include the Intake and Assessment workgroup, the Family Preservation Advisory Committee, the Permanency Advisory Committee, Case Readers Workgroup, IV-E Expert's Workgroup, Adoption Assistance Expert's Workgroup, and the three advisory panels. The Intake and Assessment workgroup meets a minimum of 4 times a year, as needed to address Intake and Assessment program needs. The membership includes CFS professionals around the state including social workers, supervisors, a program administrator, and an attorney.

The Permanency Advisory Committee (PAC) meets at least 6 times a year, and the participants are representatives from each of the SRS Regions, CWCMPs, and a consumer representative. In the past, the consumer representative involved was an adoptive parent who had a child enter foster care. She is no longer involved and a request has been made to the Kansas Family Advisory Network for a new member. They have not yet suggested a replacement. In SFY 2012, PAC met in July, August, September, October, January, February and March. All meetings begin with a review of the strategic plan developed in September, 2011, and other topics have included graduation requirements for youth in foster care, updating the monthly individual contact form, educational stability requirements, using the case plan review form to update SRS about changes that occur between case plans, father involvement, barriers to adoption, permanent custodianship subsidy, Casey Family Program initiatives, and critical incident reporting, among others. Applicable sections of the APSR were shared with PAC on June 5, 2012, and the members had opportunity for input prior to the final draft being sent to ACF. An incorrect name of the provider that had completed a specific Strengthening Families group was noted by several PAC members. The correction was made. No other additions or corrections were suggested.

The Case Readers Workgroup meets quarterly. The group is comprised of Regional SRS staff who read cases and their supervisors. There are also quarterly meetings of Statewide Performance Improvement staff that include all of the staff in the Case Readers group as well as the Quality Assurance staff from the CWCMPs. The CAPTA required Citizen Review Panels are the Kansas Child Welfare Quality Improvement Council (KCWQIC), the Child Safety and Permanency Review Panel (CSPRP), and the Child Death Review Board (CDRB). The KCWQIC is made up of representatives from a variety of agencies and organizations across the state, including: an emergency shelter; an Indian Tribe; the court; JJA; CWCMPs; a university; KDHE; a consumer; Children's Alliance of Kansas; and a GAL. They meet at least 4 times a year. The Child Safety and Review Panel meets quarterly. Membership is included in the report in Attachment 7. The Child Death Review Board meets monthly and includes membership from the Attorney General's office, the Kansas Bureau of Investigation, SRS, KDHE, education, medical profession, a prosecutor and a District Attorney. Membership of the Family Preservation Advisory Committee includes:

- SRS Regional staff representation of Program Administrators, Unit Supervisors, CPS Social Workers & Contract Specialists
- Child Welfare Case Management Provider representation of Directors, Supervisors, & Line Staff
- Former consumers of family preservation services
- CFS Central Office Family Preservation Administrator/Manager (facilitator)

They meet quarterly.

Two examples of Community involvement and child welfare program coordination are:

- Prevent Child Abuse America named Wichita the 2011 “Pinwheel City, USA” award. Wichita has been recognized for their commitment and activities in support of child abuse and neglect prevention and healthy child development. Wichita applied with the work of the “Community Response Team” and the “Wichita Child Abuse Prevention Coalition”. Youthville’s “Dad’s Dare to Care” group is connected to the Community Response Team through the fatherhood sub-committee.
- All of the Child Welfare Case Management Providers are involved in the Regional Safe Reduction of Children in Care Core Groups and have assisted in setting up the community stakeholder meetings.

Evidence of wide ranging involvement in strategies to meet state plan requirements can be seen in the development of the RFP proposals for the services delivered by the Child Welfare Case Management providers which began with statewide community meetings to solicit input for shaping the proposals. The providers written responses led to the family preservation and reintegration, foster care, adoption service delivery contracts for 2010-2014.

Community service grants were awarded in July, 2009 for a broad range of services. Grants were awarded to Heartland RADAC, Kansas Children’s Service League (KCSL), KVC Behavioral Health, The Shelter, TLC for Families and Children, Catholic Charities, United School District (USD) 305, USD 475, St. Francis Community and Residential Services,–20th Judicial Justice Services, Associated Youth Services, Cowley County Truancy Program, TFI Family Services, Community School Connection Program, Four County Mental Health Center, Restorative Justice Authority, Garden City Area Mental Health, and Communities in Schools. Services provided range from truancy prevention to Early Headstart in-home supports. The common outcomes across programs are children maintained with family and children are safe from abuse and neglect. To date in FY10, the following outcome measures of all the programs combined have been achieved: 97% of children served have been maintained at home with family after 90 days, 95% of children served are maintained at home with family after 180 days and 99% are safe from abuse and neglect.

In relation to development of the Program Improvement Plan and this subsequent Annual Progress and Services Report, work groups met from November 2007 to January 2008. CFS program staff incorporated Work Group recommendations into the PIP. Workgroup members continued their involvement as State PIP Team Members through standing advisory councils, committees, and working on special projects associated with specific primary Strategies and Action Steps. They continue their involvement by providing input into the State IV-B Plan submission. Committees described on page 11 meet monthly or quarterly to discuss progress and plan next steps.

The original APSR Narrative was reviewed by a wide variety of stakeholders including the tribes to receive input and suggested changes. The draft narrative was sent to stakeholders for reading and personal review including tribal staff. On May 20, 2009 a statewide video teleconference was held to further explain and discuss APSR content and expectations. Helpful comments were received and changes made in the Narrative as comments necessitated changes. One change suggested by a Child Welfare Case Management Provider staff was to reinforce in writing the efforts which are made to engage and work with non-custodial parents, fathers. The updated APSR Narrative was posted on the

CFS website in October, 2010 after it was approved. Stakeholder groups were notified of the posting. The committees listed on page 11 provided feedback on the current sections of the APSR over the course of the year. Initiatives, projects, grants, contracts, outcomes, policies and procedures were all discussed with the groups. The final update of the APSR will again be posted on the CFS web site when it is approved.

CHILD ABUSE AND NEGLECT STATEWIDE INTERVENTION

The foundation of the Kansas child protection system is the Kansas Protection Report Center. The Kansas Protection Report Center receives reports regarding Child In Need of Care allegations statewide, 24 hours/day and 7 days/week including holidays. Administrative specialists receive reports of abuse and neglect via telephone interviews. In addition to reports received by telephone, reports are accepted via e-mail, faxes and through an on-line reporting mechanism. Reports received via e-mail, faxes and the web are processed in the same manner as reports received by telephone. These various methods provide reporters options to report alleged child abuse and neglect. Once a report is documented, social workers determine whether the report meets the statutory definition of abuse and neglect under the Kansas Code for Care of Children. The Code also requires assessment for family situations where there is not alleged abuse/neglect including children without proper parental care and control, truancy, and runaways. Formalized intake training developed by the Butler Institute created a professional development path for all Protection Report Center staff. The agency continues to use the training developed by Butler Institute for training administrative specialists and social workers assigned to the Kansas Protection Report Center.

The Kansas Protection Report Center was fully consolidated in December 2009 in two locations. The Topeka location continues to provide the 24/7 availability and the Wichita location operates during regular SRS business hours. A single toll free number is utilized and during regular SRS business hours, calls are routed to both Kansas Protection Report Center locations. The Kansas Protection Report Center maintains an internet based system to document reports received and decisions for further assessment. This system was implemented in March 2010. With the addition of this system, reports are accessible statewide at any step through the intake and initial assessment process and allow the two locations to work jointly for timely completion of reports. Both the consolidation and new system created efficiencies in the procedures of the Kansas Protection Report Center. The efficiencies in procedures were not measured in data. The efficiencies were created by having KPRC staff in two locations rather than seven locations. The efficiencies in the consolidation were seen in communicating changes in procedures, providing pre-service and on-going training. Telecommunication systems were streamlined and allow for calls to be split based on the number of staff at each location and adjusted in the case of an emergency in either location. The system eliminated the need for KPRC to type basic information (date, event #, case head names) multiple times. The system provides automatic dates & times in certain points of the process, matches zip codes and counties to cities, eliminating staff looking up information. Additionally, the new system transfers information to FACTS eliminating double data entry. These are just a few examples of the features of the new system streamlining the intake processes in KPRC.

Once a report is assigned for investigation and/or assessment, a social worker in the local office serving the geographic area where the family resides responds as indicated to the reported concerns. The social worker is responsible to make face to face contact to determine safety and assessment of risks present in the family situation. In addition to assessment, if the report alleges abuse and/or neglect, the social

worker makes a determination if abuse and/or neglect is substantiated or unsubstantiated. The social worker's assessment helps determine if the child can remain safely in their home. Options considered for preventing out of home placement include, but are not limited to: removal of the perpetrator, a safety plan to address the identified safety factors, identifying relatives or kinship resources, referral to family services, family preservation services and/or community resources.

The Safety/Risk Assessment

The purpose of the social work assessment of Child in Need of Care cases is to assure safety of children and identification of families who may need additional services to avoid repeat maltreatment. In consultation with the National Resource Center for Child Protective Services (NRCCPS), a review of the current risk/safety assessments determined the tools had the essential content recommended to determine service decisions, including extent of child maltreatment, circumstances surrounding the child maltreatment, child's functioning, discipline approaches used by care giver, parenting practices and care giver functioning. As a result of the review in 2005, some procedures were identified which could enhance gathering safety information beginning at intake and standardizing the information gathered for assessments. Beginning with the receipt of a report at intake, SRS has revised procedures and forms. The revisions include receiving feedback from SRS social workers and administrators statewide. All Children and Family Services staff received training prior to implementation of any new procedures or forms. Some revisions of procedures and documentation of the Initial Assessment Decision made by Kansas Protection Report Center social workers had previously been considered. At this point, revisions have not been made to the Initial Assessment Decision policy. However, some type of revision is under consideration currently for how Child and Family Services social workers will assess families in the future.

SRS anticipates continued work with NRCCPS will result in enhancements to information gathered and documented for assessments of safety and risk. The work is the result of an on-going Technical Assistance Process that began in 2005.

Infants Abandoned At or Shortly After Birth In calendar year 2010, there were 3 infants served under the Safe Haven Law. In calendar year 2011, through June 30, there have been no children served through the Safe Haven Law. In Calendar Year 2011, there were no children served through the Safe Haven Law.

Infants abandoned at or near birth are covered in Kansas by the provisions of the **Newborn Infant Protection Act K.S.A. 38-2282** which states, "a parent or other person having lawful custody of an infant which is 45 days old or younger and which has not suffered bodily harm may surrender physical custody of the infant to any employee who is on duty at a fire station, city or county health department or medical care facility. Such employee shall take physical custody of the infant surrendered and shall notify a local law enforcement agency immediately that the person has taken physical custody of an infant. Upon receipt of notice a law enforcement officer shall take custody of the infant as an abandoned child. The law enforcement agency shall deliver the infant to a facility or person designated by the Secretary."

The act goes on to explain any person, city or county agency or medical care facility taking physical custody of an infant shall perform any act necessary to protect the physical health or safety of the infant, and shall be immune from liability for any injury to the infant that may result. Upon request, all

medical records of the infant shall be made available to the Department of Social and Rehabilitation Services and given to the person awarded custody of the infant. The medical facility providing such records shall be immune from liability for such records release.

CHILD ABUSE AND NEGLECT STATEWIDE TREATMENT SERVICES

Title IV-B Subpart 1 funding is utilized by the State of Kansas to provide family services, family preservation services, family reunification services and adoption support services. Service delivery is designed to protect and promote the welfare of all children, prevent the neglect, abuse or exploitation of children and support at-risk families through services allowing children to remain with their families or return to their families in a timely manner. Fund utilization also promotes the safety, permanence and well-being of children in foster care and adoptive families and provides training, professional development and support to ensure a well-qualified work force.

Promoting Safe and Stable Families Programs

Data is provided for community intervention projects (prevention), family services and family preservation (family support), Child Welfare Case Management Provider outcomes (time limited family unification) and adoption assistance (adoption support) in the sections that follow.

SRS utilizes Promoting Safe and Stable Families monies for prevention, family support, time-limited family reunification and adoption support programs. They address prevention initiatives through agency-wide efforts to deliver services in the most comprehensive efficient way possible, while at the same time, building capacity in local communities to meet local needs. **Title IV-B, subpart 2, Promoting Safe and Stable Families** funds have been allocated statewide to provide family support, family preservation, time-limited family reunification services, and services to promote and support adoptions through the Child Welfare Case Management Provider (CWCMP) who offer a full array of services to meet these goals. The PSSF funded services delivered by the providers aim at:

- Protecting and promoting the welfare and safety of all children.
- Preventing or assisting in the solution of problems which may result in the neglect, abuse, exploitation or delinquency of children
- Preventing unnecessary separation of children from their families
- Restoring children to their families who may be safely returned by the provision of services to the child and family
- Assuring adequate care of children away from their homes
- Placing children in suitable adoptive homes where reintegration with the biological family is not possible or appropriate.

Family Services

From July 2011 to March 2012 of SFY 2012, Family Services have provided to 175 families. There is not data available on the number of families who remain intact.

Family Services are direct services provided by SRS social workers. Family services is considered when there is a need for SRS assistance and the identified services do not require the higher level of intensity that Family Preservation services provide. The difference between Family Services and Family Preservation is the degree of the crisis, related to safety and the potential removal of the child from the

home. Family Services are delivered to the family unit rather than to individual family members. However, individual family members may also receive specific services. Services address the stressors that place the child(ren) at risk of removal. Services also address the stressors impairing family functioning by enabling parents to meet their children's needs and building on the natural resources of the family and community. Services may be court ordered, recommended by SRS, or requested by the family. These services include the following characteristics:

- Services strengthen the family and promote the safety and well-being of the children;
- Services are delivered primarily in the family home or community;
- Services are committed to reinforcing the strengths of family members, empowering the family to solve problems, and becoming self-sufficient;
- Services enhance parenting skills, family and personal self-sufficiency, family functioning, and reduce stress on families; and,
- Services, which are monitored, help families locate and use additional assistance, including but not limited to, the development and maintenance of community support systems, counseling and treatment services, housing, child care, education, job training, emergency cash grants, state and federally funded public assistance, and other basic support services.

Family Preservation Services (addresses goal 2 & 5)

Attachment 8 Family Preservation Referrals with Removals into Out-of-Home shows that Family Preservation services are 91% effective in keeping families together. Attachment 9 Babies are Born Substance Free, and Attachment 10 Pregnant Women Using Substance Referrals provide SFY12 performance data about the Pregnant Women Using Substances population. These reports and the other FP data reports on the CFS web site support the effectiveness of FP services.

Families in crisis and at risk for removal of their children into foster care are maintained intact in their own homes through intensive in-home family preservation services. With the assistance of family preservation services, families remain together by assuring adequate safety and well-being for all family members. The program provides intensive in home family preservation services to families with one or more children at risk of out-of-home placement or will be at risk of out of home placement at birth. The Family Preservation program includes serving women using substances during pregnancy with or without children in the home. Formal assessment results are used to evaluate family attributes for safety, in-home permanency and well-being. The family helps to define barriers for children remaining safely at home as well as to assist in identifying ways to overcome these barriers.

The Family Preservation approach is family-centered using evidence based practice models. Family services and supports are designed by building on the strengths of the family and are supportive, culturally competent and address the entire family as well as individual family members. Family centered practices include:

- Engaging families in service design,
- Treating families with respect,
- Respecting families' privacy,
- Involving immediate, extended and kin family members and non-custodial parents as active partners in case planning,
- Providing services to families in their own homes,

- Linking families to community-based, diverse, and comprehensive supports and services, and
- Strengthening the capacity of families to function independently.

Family preservation services are concentrated and clearly defined with an emphasis on intensive, home-based services to families in crisis with children at imminent risk of placement. SRS makes the decision to refer a family for intensive in home family preservation services at any point during the intake and assessment process. The referral period for contracted case management is for 365 days and is designed to eliminate barriers to child(ren) remaining safely at home.

Referral criteria includes a family with a pregnant woman who abuses alcohol and/or drugs or a family in crisis that has child(ren) at risk of removal. When children are at risk, there must be a parent/caregiver available to protect the child(ren) and who is willing and able to participate in the services. Family preservation services are initiated based on SRS assessments the pregnant woman is abusing alcohol and/or drugs or children are at risk of removal and the family is willing to engage in services. The following are some examples of potential referrals:

- Families with women using alcohol and/or drugs during pregnancy,
- Families with child(ren) who are alleged or substantiated as victims of abuse or neglect,
- Families with child(ren) who are truant due to failure to attend school along with other non-abuse/neglect issues,
- Families with parents and/or child(ren) who use or abuse substances,
- Families with child(ren) in police protective custody and placed in temporary emergency shelters,
- Families with mental/emotional illness when the issues have been stabilized and one adult in the household is able to participate. Kansas does not collect data on a breakdown of families served by type.

Services for family preservation referrals may be provided by the child welfare community based services case management provider or may be purchased from other entities. Services typically include:

- Initial safety assessments;
- On-going assessment and determination of family needs, strengths and well-being;
- On-going safety and risk assessments;
- Assistance in obtaining core support services (day care, respite care, employment, housing, etc.);
- Coordination of community resources for the family;
- On-going case evaluation and monitoring to assure effective service delivery;
- Family living skills;
- Family crisis intervention.

For pregnant women using substances, these services include addressing substance abuse treatment and related aftercare, prenatal health care, vocational assistance and case management. Assistance in removing barriers to treatment is also provided including family support, mental health services, domestic violence protection, child care, transportation, housing and other supportive services.

Families who have at least one child in out of home placement through a regional Foster Care/Reintegration provider are not eligible for family preservation services. Family preservation services are terminated when the Court removes one or more children from the home.

Because the Family Preservation Program is such a large part of the prevention work in Kansas, it is supported with 40% of the Part 2 IV-B funds.

Collaboration with the CBCAP Agency

The Kansas Department of Social and Rehabilitation Services and Kansas Children's Cabinet and Trust Fund (KCCTF) are the lead agencies for CBCAP in Kansas. The two agencies collaborate and work cooperatively together through an Inter-Agency Agreement establishing the working relationship, duties and responsibilities between them. The Deputy Secretary of Kansas Department of Social and Rehabilitation Services is an ex-officio member of the board for the KCCTF.

The Kansas Children's Cabinet and Trust Fund focuses on children from birth to age five because they are at the highest risk of abuse and neglect. The Cabinet's Early Childhood Block Grant and Smart Start funding both provide primary prevention services to children birth to five, are targeted to at-risk and underserved populations.

Abusive Head Trauma Task Group

Children and Family Services (CFS) continues to strive to ensure safety and wellbeing of children through many programs and activities. The Child Maltreatment Fatality Prevention and Assessment Capacities document provided a framework of the Kansas public child welfare prevention and assessment standards and capacities regarding child maltreatment fatalities. The practice model defined how SRS as a public child welfare agency engages communities, families and staff in developing and delivering a service array that meets the needs of prevention and safety to achieve desired outcomes. The model addressed systemic and case level dynamics in four areas of focus: Self-Assessment; Primary Prevention; Program Administration; and Workforce Competencies.

A small task group was formed to find ways to strengthen workforce capacities around preventing and assessing maltreatment fatalities. The document provided some background, and listed resources and strategies to increase capacities. The Task Group implemented what they set out to do and ended their work. The Period of Purple Crying DVD's were provided to regions and contractors for further use with staff. The on line training regarding medical elements of Abusive Head Trauma was finalized and reviewed by Dr. Kay Farley. The training was initiated in September, 2010. Copies of Elijah's story curriculum for teens were purchased by SRS Central Office and provided to each Regional SRS Office and CWCMP. Other recommendations for more prevention with youth related to preventing future fatalities by youth who become parents were reviewed by teams and will be implemented as time progresses. Mary Jo Pankoke from the National Resource Center for CPS met October 13, 2010 with SRS region administrators to review her findings from a case review completed May 2010 to strengthen capacities for assessment and prevention of maltreatment fatalities. The work of the task force ended in SFY 2011. For the last two years, the CFS Director, Deputy Director, Regional Program Administrators and Intake and Assessment Program Director have completed a review of all child fatalities resulting from maltreatment. The review has resulted in revisions to policy, procedure and practices.

Services to Achieve Timely Permanency

The Secretary of the Department of Social and Rehabilitation Services is responsible to assure that children in custody are safe, have their needs met, and have permanent, legal connections to a family. SRS has contracted for Family Preservation, Reintegration/Foster Care and Adoption Services to achieve these goals since 1996. The contracts for these services evolved over time. SRS seeks to continue to improve the quality of the Child Welfare service system, provide for stability in placement and achieve more timely permanencies for children.

Time Limited Reunification

The Average Length of Stay for SFY 2011 was 18.96 months. Please see Attachment 11 for additional information.

When a child is not safe in their home and SRS determines services to the family are insufficient to mitigate the threat of harm to the child, SRS works with the County/District attorney to request the court place the child in the custody of the Secretary of SRS for out of home placement. A referral is made to the Reintegration/Foster Care/Adoption Services Contractor, who works with the child and family to achieve permanency.

The Reintegration/Foster Care/Adoption Contractor is the child welfare case management provider who works with families with children placed in the custody of the Secretary and placed outside of the home. The provider assists the family with reintegrating the child into their home and provides aftercare services for twelve (12) months to maintain the family.

Within 2 business days of a child entering out of home placement, an initial team meeting is held. This meeting provides an opportunity for the team to clarify each person's role to facilitate timely permanency. Birth parents are expected to identify any available family supports and services. Plans are made for the first parent/child interaction. Possible relative or other kin placement is pursued if the child was not originally placed with a relative or other kin. Emphasis is placed on working with the non-custodial parent, usually the non-custodial father.

The initial team meeting is attended by birth parents, the child, an SRS representative, child welfare case management provider staff, support persons selected by the birth family and the foster family. Family members, agency staff, and others who participate in initial team meetings provided feedback stating the meetings are very beneficial.

When children are not able to return home, they may have an identified family such as the foster family or relative or kin who is willing to become their legal family either through adoption or permanent custodianship. In these instances the child welfare case management provider works with the child and family to achieve permanency and provide pre-placement, post-placement and aftercare services.

A family centered approach that respects families, recognizes their strengths, and involves natural and community support systems, continues to be utilized in the provision of these services. Families continue to drive the case planning process, and play an active role in development and evaluation of the service delivery system.

Family Centered Practices include:

- Engaging families in service design
- Treating families with respect
- Respecting families' privacy
- Involving immediate, extended and kin family members as active partners in case planning
- Providing services in the most family-like setting possible
- Linking families to community-based, diverse, and comprehensive supports and services
- Strengthening the capacity of families to function independently.

Family Centered Practice is an overall philosophical approach to serving families, not a specific service. As such it is not measured.

The major CFSR Program Improvement Plan strategies impacting time limited reunification services were to improve assessment processes and increase competencies in case planning which affect stability and timely permanency, increase the continuity of family relationships through matching initiatives and placement resources for older youth and children and youth with challenging behaviors. In addition, improve engagement with fathers in case planning and worker contact practices and increase the frequency and quality of worker-child contacts. In SFY 2012, SRS worked with the CWCMPs to develop Program Improvement Plans for outcomes not meeting federal standards. Please see page 30 for additional information.

Adoption Promotion and Support

When the child has no identified family resource, the child welfare case management provider registers the child on the adoption exchange to maximize the child's opportunity for permanency. The Adoption Exchange is accessed to look for possible matches for children who need adoptive families. The Adoption Exchange is the statewide website that lists all children who are available for adoption and do not have an identified family to adopt them. At the end of March 2012, there were 397 children listed on the Adoption Exchange. The child welfare case management provider is expected to locate other planned permanent living arrangements for children for whom another permanency is not available, and to provide Independent Living Services to youth.

When parental rights are terminated or relinquished and the child's case plan goal is adoption, the child welfare case management provider prepares the child and adoptive family for adoption. SRS expects siblings to be adopted together whenever possible. Relatives, the foster family or kin adopt a majority of the children. There are 852 children awaiting adoption. This includes any child who has parental rights terminated and a case plan of adoption. Please see Attachment 12 for additional information. CFS does not have data on disruptions. Of the 5906 finalized adoptions between 2003 and 2011, less than 5% have dissolved. Of those families with a dissolved adoption, nearly two thirds were dissolved two years or more after adoption finalization. Kansas does not do reports based on the status of parental rights. For children who are adopted, the median length of stay is 33 months. See Attachment 13 for additional information. If there is no identified family, attempts are made to find a match for the child through the Adoption Exchange.

Through Individualized Recruitment Plans completed for each child the child welfare case management provider finds the most appropriate home for the child and provides pre and post placement services,

including aftercare to the adoptive family. The focus is on finding the right family for the child, rather than finding a child for a specific family. Priority consideration is given to relatives regardless of where they reside.

The child welfare case management provider is responsible for foster family recruitment, training, retention and support of foster families. Targeted recruitment may be necessary for certain children and children where there are no matches found on the adoption exchange. Child specific recruitment may be purchased from another provider. In SFY 2012, a Request for Proposal was issued and a contract developed for a Target Adoption Recruitment Campaign. More information is on page 107.

The child welfare case management provider is responsible for a full range of adoption services for adoptive families from the time of recruitment to completion of aftercare, 12 months after the adoption is finalized. They work together with the adoptive family and the child to provide supportive pre-placement and post adoptive services. If a disruption (child leaves the home before the adoption is finalized) or dissolution (child leaves the home after the adoption is finalized) occurs during the aftercare period, the case management provider is responsible for placement and other contractual services the child may need. Kansas does not have data available on disruptions. The case management provider is responsible for locating another adoptive family.

If the current foster family or kinship caregiver is not the adoptive family, the case management provider assures the child remains with this family until they are placed in their adoptive home. The Child Welfare Case Management Provider and the foster family must answer questions the child may pose, encourage communication between the adoptive family and the child, facilitate visits, and generally serve as the safety net for the child.

Adoption Assistance

Adoption Assistance is a program designed to remove adoption barriers for children with special needs. The intent of the program is to assist the adoptive family in meeting the needs of a child. This program is authorized by state and federal statutes and regulations. Kansas implemented a state adoption assistance program in 1972.

The agency's policy is to uniformly operate both the state and federal programs. Adoption subsidy and medical assistance are provided for eligible children regardless of the funding source. Eligibility for adoption assistance is based on the needs of the child, not the resources of the family. In determining the type and amount of assistance, the department reviews the child's, community and family's resources available to meet the child's needs. Children in the Custody of the Secretary or a licensed nonprofit child placing agency may be eligible for one or more of the following types of adoption assistance: Title XIX Medicaid, monthly subsidy payment, special service payment, and non-recurring expenses. During SFY 2011, the average subsidy payment was \$342.87/month. As of March 31, 2012, there were 7,940 open adoption assistance cases.

| | |
|------|-------|
| 2005 | 5,659 |
| 2006 | 5,926 |
| 2007 | 6,336 |
| 2008 | 6,583 |

| | | |
|------|-------|-----------------------------------|
| 2009 | 6,918 | Adoption Subsidy Cases |
| 2010 | 7255 | Year Open Cases |
| 2011 | 7558 | |

Permanent Custodianship

In 1999 the legislature established funding for permanent custodianship subsidy (PCS) to assist families willing to assume this responsibility. Additional funding has been designated for those custodianships established pursuant to K.S.A. Chapter 38, Article 22. Legislation established permanent custodianship in the CINC Code to distinguish it from guardianship established in the probate court. The custodianship action keeps the CINC case in the same court.

The permanent custodianship subsidy is not an entitlement program, funding for the program must be available and the child must meet all of the following criteria:

- Be in the Custody of the Secretary, with or without parental rights terminated, at the time permanent custodianship is established,
- Be age 14 and over, part of a sibling group that has one child age 14 and over, or have other extenuating circumstances that make adoption not a reasonable option.
- have an order of custodianship (Journal Entry or Letter of Custodianship from the court),
- not be receiving SSI (as income would exceed subsidy amount); and
- have an appointed permanent custodian who is an adult eligible to receive TAF.

The Child Welfare Case Management Provider is responsible to assess if a permanent custodianship best meets the child's needs and to prepare the family for the responsibilities associated with custodianship, including an assessment of the family's capabilities of parenting a specific child. The assessment is completed through a home study process and background checks. When determining if an individual family might be suitable for custodianship of a child in SRS custody, factors considered in the case planning conference are similar to those considered when considering a family as an adoptive resource.

The Director of Children and Family Services must approve eligibility for children for whom extenuating circumstances exists that make adoption not a reasonable option. Permanent custodianship subsidy ends when a child is 18 unless still in high school, the child becomes emancipated, dies or otherwise ceases to need support, the child no longer resides with the permanent custodian, or the permanent custodian fails to complete and return the annual review.

The maximum monthly subsidy payment cannot exceed \$300, for permanent custodianships and children do not receive subsidy if their countable income exceeds \$300 per month. Once the subsidy amount is established it does not change unless there is a change in the child's circumstances. Children approved for permanent custodianship subsidy prior to July 1, 2008 can continue to receive the subsidy.

A full array of services is provided to the family on an as needed basis to assure the success of the placement. Families or individuals entering into a plan to provide care for the child until age of majority may need help in understanding the effects of separation, abuse and neglect. Families may need added services such as transportation, respite care, mediation, etc. in order to assure the success of the

placement.

Permanent Custodianship subsidy does not require an annual eligibility re-determination. An annual review is made to determine if any changes in the circumstances of the child exist. The custodian(s) is responsible to:

- Apply for other financial benefits for the child, e.g., SSI or veteran's benefits;
- Notify SRS immediately of any changes in the child's living situation;
- Notify SRS if the custodianship is set aside or they cease to be legally or financially responsible for the child;
- Notify SRS when the child reaches 18 and has completed high school;
- Notify SRS when the child becomes emancipated;
- Notify SRS if the child dies, or otherwise ceases to need support; and
- Cooperate fully with SRS in an annual review.

Life Skills Services

Life Skills are provided to all children/youth in out of home placement beginning at age eight years. Following the update and revision of the Ansell-Casey Life Skills Assessment, beginning July 1, 2012, Kansas requires the use of the Casey Life Skills Assessment (CLSA) tool for children age 14 and older. Children and youth are provided life skills by child welfare case management providers and foster parents. All youth completing the CLSA, develop a Learning Plan from the assessment. This Learning Plan is developed by the youth with support from a case manager and foster parent. The Learning Plan life skills are identified as tasks on case plans. Life Skill areas using the CLSA cover Communication, Daily Living, Home Life, Self-Care, Work and Study Skills, Social Relationships, Housing and Money Management, Career Planning and Work Life.

Independent Living Services

Youth who leave custody or are emancipated at age 18 participate in an exit interview which is completed at the last case plan not more than 90 days prior to release of custody or emancipation. The exit interview is used as another method of providing information to youth on the following:

- the process to request services after their release from SRS along with appropriate referral forms;
- the updated record of dental, eye care, immunizations, and medical services;
- copies of their records and a list of their medical providers;
- information and application for the Medical Card Extension Program;
- information and instruction on use of prescribed medications;
- information about the importance of designating a person to make health care treatment decisions on behalf of the youth if the youth becomes unable to participate in such decisions and there is no relative who would be authorized to make such decisions;
- information which provides the youth with the opportunity to execute a health care power of attorney, health care proxy, or other similar document recognized by Kansas law;
- information on assistance with post-secondary education and training opportunities; and
- The National Youth in Transition Database and the importance of providing feedback through the surveys.

Many of the child welfare case management providers give a resource packet to all youth upon leaving the Custody of the Secretary. The packet contains resources for housing, careers, etc., as well as information on services provided through the SRS Independent Living Program. All eligible youth are assisted in completing the application for the extended medical card and are given a postcard to use to keep their IL Coordinator updated with their address. All youth are also given laminated cards with the SRS Central Office number and website, which youth can contact for services anytime up until their 21st birthday.

All youth in out of home placement at the age of 16 who are anticipated to remain in care until age 18 are involved in transitional planning which begins at age 16 and continues at each case plan every 170 days which involves the Independent Living Coordinator or designee with SRS attending and assisting in case plans. Transition planning helps build a relationship between SRS and the youth while preparing for transition from SRS services to adulthood. Transition planning ensures no gaps in services occur when a youth leaves the care of the case management provider and when the youth receives services from the SRS Independent Living program. A transition plan is developed with youth that addresses the areas where they will receive assistance:

- housing;
- health insurance,
- education,
- opportunities for mentoring and community connections,
- work force supports and employment services.

The CWCMP agency is required to ensure all youth who exit the Custody of the Secretary for reasons other than reintegration, adoption or guardianship have a connection to a positive adult role model.

SRS Independent Living Program

This program serves adults from age 18 and released from the Secretary's custody until age 21 or 23 if enrolled in post-secondary education or training programs. Independent Living is a voluntary program and adults may receive services anywhere in the state of Kansas. Adults ages 18-21 complete the CLSA and develop an open formal Self-Sufficiency Services Case Plan with the regional IL Coordinator. This plan is adult driven and identifies the individual's goals as well as the steps to achieve those goals. Adults involved in the Independent Living Program are eligible to receive assistance with the following: room/board, medical, completion of high school/GED, post-secondary education or training, mentors, career planning, life skills and other services as identified by the adult. In SFY 2012 238 young adults received mentoring and Chafee funding for room and board; 88 received medical assistance through the state's extended medical assistance program.

Kansas includes youth who have achieved a permanent custodianship or finalized adoption after the age of 16, as eligible participants in the Kansas Education & Training Voucher (ETV) program, as well as the Kansas Foster Child Educational Assistance Act program which waives tuition at Kansas schools.

Since 2003, Kansas has offered the Chafee Medicaid option and extended Medicaid coverage to adults until the month of their 21st birthday for young adults who leave the Secretary's Custody at age 18. The Young adult does not have to participate in any other services to be eligible for the medical card.

SPECIFIC ACCOMPLISHMENTS AND PROGRESS DURING THE PAST YEAR

The specific accomplishments that lay the groundwork for this 5 year plan include development and implementation of the new Child Welfare Case Management Provider contracts, improvements in the case read system, progress on the Custody Prevention and Safe Reduction Initiatives, work to increase the IV-E penetration rate, work with youth in the Custody of the Secretary and work with the courts.

Development and implementation of the new Child Welfare Case Management Provider (CWCMP) contracts

Work began on a Request for Proposal (RFP) for new Family Preservation and Foster Care/Reintegration/Adoption Contracts, which were awarded effective July 1, 2009 (SFY2010). The five catchment regions for the contracts remain the same. The Contract duration is 4 years with the option of 2, 2-year renewal periods. Please see Attachment 14 for accomplishments. The Child Welfare Case Management Providers are continually monitored on achieving the CFSR outcomes.

| Contract Region | Family Preservation Services | Foster Care Reintegration Adoption |
|------------------------|-------------------------------------|---|
| Region 1 | DCCCA, Inc. | TFI Family Services, Inc. |
| Region 2 | DCCCA, Inc. | KVC Behavioral Health Care, Inc. |
| Region 3 | St. Francis Community Services | TFI Family Services, Inc. |
| Region 4 | St. Francis Community Services | St. Francis Community Services |
| Region 5 | DCCCA, Inc. | Youthville |

2011 Summary of Significant Changes

Reintegration Foster Care Adoption

The Child Welfare Case Management Providers are continually monitored on achieving the CFSR outcomes. Their initiatives are designed to improve performance on those national standards.

The Contractor outcome measures include federal outcome data measures, the outcome for placement in a family like setting, and six new success indicators of stability in education, connection to relatives and a positive adult role model. The foster care contract includes providing all adoption case management activities for a child such as locating permanent homes for children with no identified adoptive resource. Case planning teams determine if concurrent case planning is appropriate and applicable to circumstances of a child and family. Initial team meeting timelines are 2 business days from the date of the referral. The case management provider is required to use a research based instrument for mental health and developmental disability screenings, rather than a specified form or they may use state resource assessment instruments. Providers work directly with the courts. All Reintegration/Foster Care/Adoption Providers do Adoption Case Management. The only other contract for working on adoption is the Adoption Exchange Contract, which manages the adoption exchange website and does generalize recruitment.

The CWCMP providers involve families at the policy making level develop Regional Recruitment Plans for foster and adoptive parents. Providers must attend a pre-service training (curriculum) required by SRS and submit quarterly management reports to SRS.

After the third year of the contracts, all Reintegration/Foster Care/Adoption Child Welfare Case Management Providers continue to make improvements in outcomes and success indicators. See Attachments 14 and 15. They are involved in the Permanency Advisory Committee and the group addresses issues and needed policy changes. Others representatives include staff from the Regional SRS offices. The group is attempting to recruit another parent who has past involvement in foster care. The Committee also had specific tasks on the CFSR Program Improvement Plan that they took back to their agencies for input, strategic planning, and implementation. We continue to strive to meet federal measures and improve performance regardless if they were part of the PIP or not.

See information about Provider Improvement Plans (PIPs) on page 29.

Family Preservation Services (FPS)

A major change to the family preservation contract in FY 2010 is pregnant women using substances are eligible for services. Twenty six were served in SFY 2011. Referrals for FPS services come through SRS. At the point any child is removed into Foster Care, the FPS contract services cease and referral is made to the reintegration/foster care/adoption provider. Transition is facilitated by FPS staff to the provider. Services to families where a pregnant woman is affected by substance use is provided by an Addiction And Prevention Services (AAPS) Credentialed Counselor or an AAPS Counselor Assistant credential. The goal is for 90% of births to families during FPS for reason of substance abuse during pregnancy are born substance free. During the first 9 months of SFY2011, the outcome is at 55.6%. (Note: This is based on only 9 applicable cases.) Attachments 8, 9 and 10 are FY12 reports indicating the number of PWS referrals and the data on the achieving the performance outcome. The FP Provider is responsible for providing needed services to the mother for 365 days from the referral, which includes after the delivery.

In August, 2009 a Family Preservation Advisory Workgroup was re-established after being disbanded in the fall, 2006. The workgroup serves as a forum for gathering input on current family preservation policies, procedures and practices, as well as recommending future changes. The membership includes SRS Regional staff, and CWCMPs. The CFS FPS Administrator services as the facilitator. The Family Preservation Advisory Workgroup Charter is Attachment 16. The workgroup reviews Family Preservation data annually. They review current policies and practices and provide input on all proposed policy changes. Their most recent recommendation was to allow the mother's drug toxicology results, if negative, to suffice and not also test the newborn. If the mother tests positive, then the infant also needs to be tested. (Medical research supports that if the mother tests negative, the infant is negative.)

In SFY 2012, focus was on involving the non-custodial parent in the case planning process. This practice dovetails nicely with fatherhood initiatives. For more information, see page 37. The focus has provided positive outcomes for families. When the non-custodial parent is involved (whether it is the mother or father), it provides increase options for respite. Both family preservation providers have practices of developing respite plans at the beginning of the program. This allows for regular respite, not only when there is a crisis, but to divert crisis. With this practice, parents have seen a decrease in stress. Involving non-custodial parents also leads to financial assistance for the custodial parent. This may be in the form of child support or hard goods purchased for a child or the family. Having another parent available to assist with a child, helps with the primary parent's stress and feeling of being supported. Perhaps most

importantly, children feel an enhanced sense of belonging and family from having their non-custodial parent involved.

SFY 2012 also had a focus on involving faith based organizations and initiatives to assist with supplemental supports for families. Examples of what some of these organizations have provided are hard goods, monetary assistance, respite and mentoring.

Additional focus was placed on partnering with early childhood coalitions to emphasize early childhood intervention. Family preservation providers have focused on providing additional mental health services such as assessments and direct services.

Progress on Custody Prevention Projects

SRS Regional Offices implemented new Custody Prevention Projects in SFY 2011 based on needs identified.

| 2011 Custody Prevention Projects Each SRS Region identifies a population of children/youth that will receive focused prevention. SFY 2011 | | | |
|---|--|---|---|
| SRS Region | Projects | Meets Performance To-Date | Comments |
| Southeast | By June 30, 2011 safely reduce by 10% the number of all Children and Youth removed into Out of Home Placement in Crawford County. | ■ | Crawford county exceeded their goal, with a 17% decrease in the number of removals in SFY 11. |
| KC Metro | By June 30, 2011 in Wyandotte county, safely reduce the number of children entering custody for Parental Substance Abuse by 6% from the number in SFY10. | ■ | KC Metro safely reduced this population of removals by 27%, which exceeded their target. |
| Northeast | By June 30, 2011 in the Northeast Region, safely reduce the number of children entering custody for reason of "Other" by 5% from the number in SFY10. | ■ | The NE region was able to safely reduce the number of children removed for reason of "other" by 24% for SFY 11. |
| South Central | By June 30, 2011 in Butler county, safely reduce the number of children 13 and older entering custody by 5% from the number in SFY10. | ■ | A reduction of 12% for removals of youth 13 and older in Butler county was |

| | | | |
|---------|--|---|---|
| | | | achieved in SFY 11. |
| | By June 30, 2011 in Harvey county, safely reduce the number of children entering custody by 5% from the number in SFY10. | ▪ | Harvey county exceeded their target by reducing the number of children entering custody by 31%. |
| West | By June 30, 2011 in Ford, Finney, Barton, Pawnee, Stafford, Ellis, Rush, Trego, Russell, Seward and Sherman counties, safely reduce the number of children entering custody by 10% from the number in SFY10. | | The West region did not achieve their overall goal of 10% reduction of children entering custody, but did show a respectable 8% reduction in SFY 11. |
| Wichita | By June 30, 2011 in the Wichita Region, safely reduce the number of children entering custody in Sedgwick County by 5% from the number in SFY10. | | Although Wichita did not meet their target reduction of 5% for removals, they did have a reduction of 9% in the number of children in out of home placement on June 30 th , 2011 compared to June 30 th , 2010. |

Wichita met the overall goal of reducing children in custody. The custody prevention projects for SFY 2011 ended. See page 37 for information on the community services grants.

Work to increase IV-E penetration rate

A brief overview of IV-E eligibility for candidacy for care, foster care and adoption assistance continues to be presented at the “Introduction to Child Welfare” training to educate new social workers about their role in determining IV-E eligibility. An Eligibility and Payment Work Advisory Group continues to meet at least one time each quarter to discuss policies and procedures and give recommendations to improve practice. Members consist of line staff, eligibility supervisors, case readers and program improvement directors. Monthly eligibility reports are posted on the Web to assist in program management and improvement. The reports include an analysis of raw IV-E eligibility data as well as the IV-E Monthly Management Report, which charts eligibility trends over the state fiscal year. A monthly report is also posted on the Web regarding the number of children being served who are candidates for care. The regions are able to track the cases to monitor the effectiveness of the services being provided to children and families to divert the children from being removed from their home. See attachment 17.

Youth Work

The statewide Kansas State Youth Advisory Council (KYAC) consists of representatives from each of the five Regional Youth Advisory Councils (RYACs) throughout the state. Through collaboration with the

Kansas Department of Education, Child Welfare Staff, and the Juvenile Justice Authority, legislation was passed during the 2011 session to require school districts to give diplomas to youth who have obtained the minimum number of high school credits required by the State. The impressive work of the YAC which has developed youth's participation and leadership skills at the state and local level, and influenced child welfare and educational policy is described as part of the Chafee Independence Act report below. Activities like the Computer Camps and presentations at conferences provide unique opportunities for personal development for foster youth in Kansas.

STEPS TO IMPROVE OUTCOMES DURING THE COMING YEAR

Federal Fiscal Year 2012 served as year three of the 5 Year Plan. The contracts for the Child Welfare Case Management Providers (CWCMP) for family preservation, reintegration/foster care/adoption and the goals were established for FFY 2010-2014. The activities, outcome achievement and accomplishments during FY 2012 serve as the basis for revising the goals, objectives, service delivery mechanisms and plans for 2013-2014. Please see Attachments 14 and 15 for improvements made between SFY 2011-and SFY 2012.

Child Welfare Case Management Providers (CWCMP) made improvements on all outcomes that are a part of the contracts and the CFSR PIP. In order to achieve these outcomes, CWCMPs have developed and implemented Placement Stability Projects, completed Recruitment and Retention Plans, and conducted special training and activities related to father involvement. They also developed their own Program Improvement Plans. Updates on Provider initiatives are included on pages 39 through 49.

UPDATE ON GOALS AND OBJECTIVES AND AREAS NEEDING IMPROVEMENT

State Of Kansas Program Improvement Plan (PIP)

The Department of Health and Human Services Administration of Children and Families (ACF) approved the completion of Kansas' Program Improvement Plan with the completion of Q7, which ended September 30, 2010. Kansas completed all action steps and tasks leading to systemic change, and also met all established goals for improvement. Kansas was successful in reaching PIP goals for increasing the timeliness and permanency of reunification, improving the rate of placement stability, reducing the risk of harm towards children, and assessing the needs/services of children, parents and foster parents. Kansas successfully implemented systemic improvements that include: enhanced risk and safety assessment of children; improved involvement of families in developing case plans; improved placement resources for older youth and youth with challenging behaviors; and increased frequency and quality of worker/child contacts.

Kansas continues to strive to meet all of the national data standards. The most current data profile dated March 23, 2012 is provided in Attachment 4.

Child Welfare Case Management Provider Performance Improvement Plans

In July 2011 SRS requested performance improvement plans from Child Welfare Case Management Providers focused on continued improvements in family preservation services, reintegration, foster care and adoption services in the Child Welfare system in Kansas. The purpose of the Performance Improvement Plans is to enable CFS, the Child Welfare Case Management Provider (CWCMP) Agencies

and SRS Regions to work as teams in improving the States' capacity to promote positive outcomes for children and families engaged in the child welfare system. Specifically the Performance Improvement Plans focus on contract outcomes that are performing below the set performance standards.

CWCMP contract outcomes are the national data standards for safety, federal composite standards for permanency in the Child and Family Services review, and an outcome indicator that children are placed in a family like setting and provider performance is measured through these outcomes.

For those contract outcomes that are not met, the contractor developed program improvement strategies and negotiated improvement goals to demonstrate continued improvement with performance. Through three report quarters significant progress towards meeting negotiated goals has been recorded. The Contractor PIPs are included in Attachments 18, 19, 20, 21, and 22.

SERVICES TO BE PROVIDED IN THE COMING YEAR (FFY 2012)

The child welfare prevention initiatives, child protection, family preservation, family support, time-limited family reunification services, adoption promotion and support services, and independent living services to be provided in the coming year are described under child welfare services above. Changes in the basic core services offered during FFY 2010-2014 are discussed below. An estimate of the number of children and families to be served is found on the following chart that corresponds to information provided on the CFS-101.

All child welfare services are offered on a statewide basis in all geographical areas and are available to all families who, during the assessment process, are identified as needing the service.

| Services Statewide In FFY 2010-2014 Populations to be Served | Numbers Served (est.) 2012 | Numbers Served (est.) 2013 | Changes or Additions for FFY 2012 to address gaps in services and improve practice |
|---|---|---|--|
| Prevention/Intervention Children at risk of OOH placement. Children and families with identified risk factors. | 4,120 individuals 2,472 families | 4,120 individuals 2,472 families | Continue custody prevention projects targeted to specific populations. Community service dollars were awarded in response to vendor proposals to address prevention service needs in each Region. Outcomes to increase overall effectiveness of agency wide prevention initiatives are being tracked. The Community Service providers submit monthly data for children and families served. This data is run against FACTS to determine outcomes. |
| Child Protection Children with reports of suspected abuse and neglect | 34,135 | 35,379 | Safety/Risk will be assessed consistently throughout the life of the case for children in their own homes and in foster care. Use protocols clarifying when/how to utilize Safety and Risk Assessment information to improve child safety and address the family's presenting situation. Through a working agreement with Casey Family Programs and a proposal with the University of Kansas continue analyzing safety and risk assessments. It is anticipated the continued work with NRCCPS and the additional |

| | | | |
|--|----------------|----------------|--|
| | | | consultation with Casey Family Programs and the University of Kansas will result in revisions to procedures to enhance the standardized information gathered and documented for assessments. |
| Family Services Families with specific situations that may eventually place a child outside his/her home. | 329 | 329 | Continue service delivery. |
| Family Preservation Services Intensive in-home services offered to families at risk of having a child come into custody including women who use substances while pregnant. | 2,559 families | 2,489 families | To address a gap in service delivery, services for pregnant women who use substances have been incorporated into the population eligible for family preservation services across all counties. Have resumed "single service" family preservation contracts. In SFY2012, providers are focusing on the whole family, including non-custodian parents. There is an increased focus on involving fathers in the case planning process whether they are in the home or not. Another prominent initiative is partnerships with faith communities. |
| Time Limited Family Reunification Services Children in need of care or protection who cannot remain safely at home, custody of the child has been granted to the Secretary of SRS. | 4,938 | 5,003 | To improve practice, improve assessment process and increase competencies in case planning that effect stability and timely permanency. Case planning teams determine if concurrent case planning is appropriate and applicable to the circumstances of a child and family. Emphasis is placed on working with the non-custodial parent thus filling a gap in services to the family. Increase continuity of family relationships through matching initiatives, and placement resources for older youth, and children and youth with challenging behaviors. Met outcome targets to increase the frequency of caseworker visit performance to 90% in FFY 2012. Contracts are now for reintegration/foster care and adoption. CFSR measures integrated into Contractor Outcomes, as well as, into case read instruments and data analysis. |
| Adoption Promotion and Support Services Children ranging in age from birth to 18 years of age who need a permanent home. | 1,166 | 1,181 | Individualized adoption recruitment is the responsibility of the case management contractor. In SFY12, SRS released an RFP and contracted with Sunflower Broadcasting to conduct a targeted recruitment campaign, and to develop and implement strategies to increase the pool of adoptive families for older children, children with special needs, children with behavior problems and large |

| | | | |
|--|-----|-----|--|
| | | | sibling groups. The contractor will coordinate this work with child welfare providers, KCSL, KFAPA and the Children's Alliance. Recruitment and Retention Plans have been completed. |
| Life Skills/Independent Living/Self Sufficiency Services Youth who will transition from foster care to self-sufficiency. | 542 | 542 | Continue the involvement of the Youth Advisory Council in improving services and opportunities for youth and young adults. Youth developed feedback/documentation tool to be used during worker/child visits, and recommended strategies to improve the quality of visits with children under age 10. Training has been provided to workers and use of the tools monitored and their effectiveness evaluated. Court jurisdiction in CINC cases limited to the child's 18 th birthday or graduation from high school the year of the 18 th birthday, contingent upon a court approved transition plan. Continue to provide Independent Living services to young adults age 18-21 or 23. Improvements in educational success include requirement of school districts to issue diplomas to youth in foster care, upon request of the youth who must meet state graduation requirements. |

One of the issues emerging from the CFSR pertaining to the service array and service delivery was the lack of accessibility of appropriate mental health and substance abuse services for children and parents. Another concern pertained to the lack of key services in the western part of the State and in the more rural areas of Kansas. In response, and as a result of the Focused Study on Mental Health Services conducted by the University of Kansas, Kansas Health Solutions (KHS) was charged with creating a Program Improvement Plan for children in foster care for mental health service delivery.

An additional concern was the need to develop additional placement resources and make better placement matches for older youth and children and youth with challenging behaviors. As a result, the Children's Alliance participated in work with NRCRRFAP to help develop strategies to increase the pool of adoptive families for older children, children with special needs, children with behavior problems and large sibling groups. The Children's Alliance collaborated with child placing agencies to assess, develop, distribute and evaluate training identified as needed by foster parents who are caring for older youth with mental health and behavioral needs in their homes. This project was a part of the CFSR. The Children's Alliance of Kansas (CAK) surveyed foster parents about their training needs to discover the topics of training rated by foster parents as most important to them. Based on survey results, CAK updated and implemented the "Shared Parenting to Help Children in Foster Care Manage Anger" curriculum with trauma informed components added to address the needs of foster parents who have children in their homes that are older, have special needs or behavioral problems, or who are a part of large sibling groups. A Training of Trainers was held in January 2010 and involved provider staff. Training for foster parents occurred across the state following the TOT and is on-going. In SFY 2012, the training was offered 12 times, and 11 foster families participated in the training.

POPULATIONS AT RISK FOR MALTREATMENT

Kansas has had a universal approach to prevention, incorporating a Strengthening Families and Protective Factors framework to support all families in the state, however, efforts have been made to specifically target those families at greatest risk for abuse and neglect. The Kansas Children's Cabinet and Trust Fund requires grantees to focus on children birth to five because of the highest risk of abuse and neglect during this period. The Cabinet's Early Childhood Block Grant and Smart Start funding, both of which provide for primary prevention services to children birth to five, are targeted to at-risk and underserved populations. Services are targeted at at-risk communities, which are identified through the presence of multiple risk factors including low-income, unemployment, low educational attainment, substance abuse, births to teen mothers, single parent homes, child welfare involvement, homelessness, and crime, among others. In 2011, Kansas conducted a detailed statewide needs and capacity assessment that utilized a range of health indicators, which are also risk factors for abuse and neglect, and selected Wyandotte and Montgomery Counties (which two communities) with the highest needs for targeted home visiting services (through the Maternal, Infant and Early Childhood Home Visiting Program, MIECHV). In addition, Kansas ensures that services are available to support the specific populations identified by CAPTA, including: racial and ethnic minorities; children and adults with disabilities; homeless families and those at risk of homelessness; unaccompanied homeless youth; adult former victims of child abuse and neglect or domestic violence; and, members of other underserved or underrepresented groups.

Kansas Children's Service League has the Statewide Primary Prevention Programs grant which consists of mostly universal programs. Kansas Children's Service League has some initiatives based on targeted areas for prevention. To identify the target areas, Kansas Children's Service League uses data from Children & Family Services regarding the number of assigned reports and/or substantiated findings of child abuse and neglect by county to determine where to establish prevention services.

A local initiative in Wichita, hosted by Kansas Children's Service League, the Wichita Child Abuse Fatalities Community Response Team, uses zip codes with the highest fatalities and substantiated child abuse and neglect to place prevention services.

The majority of the prevention groups which have been most successful historically target the following groups: Hispanic parents, Parents of Special Needs Children, Fathers, and Kinship. Additionally, the Wichita Community Response Team plans to target single moms in the Bridges Program at the Wichita Children's Home, which are mostly young people who have aged out of foster care. The goal of the Bridges Program is to assist youth in becoming good parents and self-sufficient adults. Services include transitional housing programs, assisting youth in developing skills to live independently, referrals and access to medical and mental health services, preparation for obtaining secondary education, vocational training or employment, and parenting education and support services.

COLLABORATION

The Kansas Court Improvement Program

SRS continues to collaborate with the court system through participation in the Supreme Court's Task Force on Permanency Planning as well as active participation by court personnel on SRS advisory panels. There is court/legal system participation on all three citizen review panels: The Child Safety and

Permanency Panel, The Child Death Review Board and the Kansas Child Welfare Quality Improvement Counsel (KCWQIC).

In previous years, the state focused on creating and implementing a data collection system to support compliance with federal and state requirements involving the court system. The federal data analysis grant supports this aspect of the Kansas Court Improvement Plan. The Office of Judicial Administration (OJA) completed implementation of the Juvenile Compliance Module across the state in 2009 and continues to work with each judicial district providing technical assistance and support. The Compliance Module allows tracking of children on an individual basis in both juvenile offender and child in need of care cases. Many districts are able to provide completed journal entries to all parties before they leave the courtroom. Districts are able to print multiple reports which allow comparison between judicial and executive branch data enhancing accurate, timely data entry, facilitating data driven decision making and providing an opportunity for healthy discussions between the judicial and executive branches of government about child welfare principles and practices.

The discussions, while sometimes contentious due to the passion and commitment shared by all stakeholders, demonstrate the effective collaboration being built by the court system, the child welfare agency and community stakeholders to improve child welfare outcomes in Kansas at both state and local levels. In addition to participating in the on-site CFSR the Program Improvement Plan (PIP), the judicial and executive branches of Kansas government worked to successfully complete the PIP. The two branches of government continue the work of comparing, reconciling and following up on information from the judicial and the executive branch information systems. Under the oversight of the SCTFPP, comparison is intended to assure proper documentation of timely and effective permanency hearings under both the Revised Code for Care of Children and the Revised Juvenile Justice Code. When the process began in December of 2008, 119 permanency hearings were overdue. In August, 2011 there were 57 permanency hearings overdue. While an improvement, the goal remains timely, effective permanency hearings for every child. Activities that supported the improvement include the development of forms mandated by Supreme Court Rule 155. They are used at every Removal and Permanency Hearing to assure that the required judicial determinations are made. Also, there are judicial reviews of permanency hearings, and the reviewing permanency hearings on a quarterly basis at the Supreme Court Task Force on Permanency Planning.

Since the IV-E Audit in August 2008, OJA has worked with SRS to ensure compliance with federal requirements and achieving the goals of safety, permanence, and well-being for children in need of care and juvenile offenders. The Kansas Supreme Court, through Rule 155, requires the use of form court orders as one means of achieving these goals. OJA staff participated in the planning and preparation for the audit which took place May 2-5, 2011. The collaboration resulted in a positive outcome for Kansas and the single error was not the result of a court's failure to make a required judicial determination. Kansas passed the 2011 IV-E Review.

Coordination with the legislative branch of government is facilitated by the ongoing involvement of a Judicial Council subcommittee originally responsible for proposing the legislative revision of both the child in need of care and juvenile offender codes. The subcommittee includes representatives from both the judicial and executive branches of government and continues to update and improve the Supreme Court Rule 155 forms for each code while providing effective leadership and guidance through

the legislative process to assure the codes continue to support best practice. SB 460, was submitted, passed and became effective on July 1, 2010. The 2010 code revisions provide a formal process for preserving custody orders when a child in need of care or juvenile offender case closes; the formal means to initiate a child in need of care petition when the judge determines it is best for a child during the course of any other civil custody case and assures that custody orders entered in CINC or JO proceedings take precedence over any other pre-existing custody orders. Additionally, K.S.A 38-2273(f) was amended to assure trial courts “continue to have jurisdiction over all issues not specifically appealed and shall conduct timely permanency hearings” pending the outcome of an appeal. Senate Bills 23 concerning jury trial under JO code and SB 38 concerning technical changes to the CINC code were introduced for consideration in the 2011 session. Both bills passed and, as amended, now include a provision requiring youth who acquire sufficient credits to meet state requirements be awarded a high school diploma.

SRS continues to collaborate with OJA to implement the terms of the Court Improvement Training Grant. Grant funds are used to sponsor a series of regional Judicial Summits as well as a 6 hour institute and workshops at the annual Governor’s Conference for the Prevention of Child Abuse and Neglect. Both the regional training and the Conference are multi-disciplinary. The Governor’s Conference took place in Topeka November 2-4, 2011. The focus was on fatherhood. It followed regional “Best Practice in Kansas Child Welfare Law” training at four locations (Dodge City, Hays, Wichita and Topeka) October 25-28, 2010 with presentations by national experts who introduced “Child Safety, a Guide for Judges and Attorneys” to a multi-disciplinary audience in support of ongoing efforts to maintain children safely in their homes. The participants included judges, county/district attorneys, agency attorneys, parents’ attorneys, guardians *ad litem*, social workers, Court Appointed Special Advocate Program staff, and Citizen Review Board Program staff. The training grant has also been used to develop a curriculum assist social workers in meeting court expectations has been completed and is available for use. Collaboration continues on web based training, and a bench book for judges.

The Facilitated Stakeholder Project continues to make progress. The project originated in Leavenworth County which is part of the 1st Judicial District. Perceiving persistent, unproductive conflict among the professionals serving children and families, the judge invited all stakeholders to participate in a facilitated discussion of the child welfare process in hopes all participants might work together to improve outcomes for children and their families. Preparation included development of a hypothetical case by experts in mediation and conflict resolution. The hypothetical resulted in more open, less defensive communication than had occurred during discussions of real cases. The participants were able to identify who does what and when, identify gaps in communication and ways to improve communication. The team also identified gaps in resources and services and considered how the community might close those gaps. The use of a trained facilitator and a structured discussion resulted in the inclusion of each participant’s experience, perspective and ideas, a vital element for a high functioning team. The success of the pilot project in the 1st Judicial District resulted in efforts to take project statewide. A Request for Proposal was issued and a contract awarded in late 2007 with Great Plains Consensus Council to provide facilitation services and training across the state. The council has an extensive history in dispute resolution and facilitation and has now completed the process in 15 of 31 judicial districts. Groundwork for each district includes development of a hypothetical design for the district and the training of two individuals within the community as facilitators.

The Judicial Summit originated when several members of the SCTFPP were invited to attend a Nebraska Judicial Summit (NJS). The NJS was convened to discuss issues arising from the privatization of child welfare services in Nebraska. The Kansas judges were impressed with the demonstration of judicial

leadership at the Nebraska Summit. The Summit provided judges the opportunity to come together with others from their districts to share ideas, problem solve and support each other in leading community efforts toward improved outcomes. The Summit seemed a perfect method to build on the facilitated stakeholder process described above. Additionally, a Kansas Summit provided another way to encourage Districts who had not yet initiated the process to have facilitated stakeholder meetings. Invitations were sent to all 31 judicial districts to send a team to the Kansas Judicial Summit planned for September, 2011. However, the initial facilitated stakeholder process must have been completed prior to actually attending. Judicial Districts that had not already completed the process had time to work with a facilitator and complete the process. The goal is to bring together groups who have done the groundwork of identifying strengths and gaps as a team for a discussion of low-cost, no-cost improvements. Additionally, national experts will provide information on ways to more successfully engage fathers, work with status offenders and achieve timely permanency. Updated revised code for care of children booklets will be available for participants.

Kansas has demonstrated a commitment to collaboration with the courts which, over time, has created a climate where the shared value of safety, permanence and well-being for all Kansas children provides the framework for delivery of child welfare services. The Court Improvement Project contains specific identified projects such as Juvenile Compliance Module described above; ongoing development/distribution of Informational Calendars for Parents, multi-disciplinary training, and facilitated stakeholder meetings. Collaboration at the state level in Kansas began early and grows stronger with time. Judicial leadership as a necessary ingredient to continual improvement of child welfare is ongoing in Kansas at both the state and local level.

Child Welfare Initiative Agreement

In calendar year 2011, Children and Family Services of SRS and Casey Family Programs amended their agreement to work together on strategies to safely reduce the numbers of youth entering care by 4%.

A Data Summit was held in March, 2011. Sponsored by Casey Family Programs, this "data summit" provided an opportunity to create improvements in practices and programs by using data and critical thinking to identify areas of need and strategies for building success. Dr. M. Paula Daoust, PhD, spoke about the need to allow time for data analysis and critical thinking. Sharing examples from Prevention, Preservation and Permanency, participants learned how data was captured and analyzed to develop these projects and how it is being used to measure progress toward improved outcomes for children and families. Project participants shared their efforts and successes, including the impact of using data to identify and measure progress toward critical outcomes. The agency will continue to work with Casey Family Programs to develop future initiatives.

SFY 2012 update-SRS continues to partner with Casey Family Programs on strategies to safely reduce the number of children and youth in out of home placement as well as on strategies to maintain children and youth safely in their homes. SRS and Casey Family Programs are currently in development of a number of programs; Permanency Roundtables, Family Group Decision Making, Family Drug Courts and Safe Homes.

SRS and Casey Family Staff have traveled to other sites around the country to observe their implementation of Permanency Roundtables. SRS is scheduled to implement the first round in July 2012. The implementation phase has consisted of researching the need in Kansas to determine how many youth in out of home care have a case plan of Other Planned Permanent Living Arrangement. It

was determined the number was sufficient to warrant implementation of the Permanency Roundtables. The purpose of the Roundtables is to find creative ways to find permanence for youth. The Roundtables bring to the table the policy makers and decision makers who can make decisions on a child's behalf. No idea is off limits if it will achieve permanence for a child. For additional information, see page 50.

SRS was provided funding from Casey Family Programs to pilot a Family Group Decision Making program in one county in the state. A work group was convened to determine what the program should look like and where it should be implemented. The group chose Johnson County due to its high rate of removal. The Request for Proposal was drafted and ready to be posted. However, this part of the project is on temporary hold as the agency applies for a federal grant for the Family Group Decision Making program. If the state is awarded the federal grant, we will combine the funds to better serve the families in Kansas. If SRS is not awarded the federal grant, SRS will initiate the Request for Proposal process. The purpose of Family Group Decision Making is to work with families in a manner allowing the family to be the leader of their destiny while maintaining safety for the children. The family develops their own plan and the agency helps them monitor and follow the plan.

Program Initiatives

Community Services Grants

Community Services Grants in Kansas are funded with State General Funds. SRS issued a Request for Proposal in order to fund multiple small projects in each SRS Region which began in SFY10 with multiple renewal periods. The projects provide family services to prevent maltreatment, out of home placement, and/or prevent the need for SRS Children and Family Services involvement. The centralized RFP process encouraged project innovation and development by identifying service gaps within a community, with established common outcomes across projects, and maintained uniform measures for outcomes. Centralizing grant selection and measurement increased accountability of projects to meet common outcomes. It also provides more consistency in funding projects which are based on evidence and research supported or results oriented practices. Existing projects which met Request for Proposal requirements were invited to participate. Programs began providing services in July, 2009 and have continued to provide services through grants as awarded in 2009.

Many programs provided specialized case management services by staff hired to address the needs of families with children at risk of being removed from the home. Examples of specialized case management services are school based programs in the East Region counties of Geary, Saline, and Montgomery; and Sedgwick County in the Wichita Region. These programs were initiated in July of 2009 and continue providing services. The services target families with children who ran away or have out of control behavior or frequent absences from school. Services focused on improving parenting skills, complemented with community resources and crisis intervention.

Examples of other projects are targeted drug and alcohol services or mediation services. The Kansas City East and West regions provide funds to assist in reducing the barriers impeding family members from entering, participating or completing substance abuse treatment. Families benefit from having additional support to reduce barriers to treatment such as child care, transportation, locating appropriate levels of treatment and services to address co-occurring mental health issues. Mediation services provided by TFI Family Services in the East and West Regions are provided to negotiate conflicts between parents and adolescents, parents with joint custody and parents and extended family who may be able to provide support to the family. Data regarding this program is not available.

Of the 29 grant agreements funded with Community Services funds, ten are truancy prevention programs. There are also 4 regions with Healthy Families projects. These projects target first and second time parents who have two or more risk factors for child maltreatment based on the Kempe Family Stress Checklist with a score greater than 25 and who are pregnant or have an infant less than three months old. Other Community Services funded include short term case management for assisting families, parents and/or children with a variety of services including parent education, alcohol and drug counseling, youth in crisis, anger management, family interventions and out of home prevention. The related outcomes reports by grantee is presented as Attachment 1, 2 and 3.

In SFY 2012, the Community Service Grants continued in all regions. Outcomes continue to be met. The contracts will be renewed for the final year for SFY 2013.

Fatherhood Initiatives

CFS had a representative on the Fatherhood Coalition during FY 2011. The Fatherhood Coalition was first formed in 2001 to promote healthy father involvement in the lives of children. Initial participants from SRS were from the Child Care Department, and the majority of the group's members were involved in early childhood services. The primary activity was to organize an annual Fatherhood Summit. Since then, Members of the Kansas Fatherhood Coalition represent SRS, KDHE, JJA, Head Start, Health Care, University of Kansas, Kansas Parent Information Resource Center, and National Center on Fathering. Members include professionals from other divisions and agencies in addition to fathers. Much of the work in 2011 was continuing the strategic plan for the group. The mission is to "promote healthy fatherhood in the lives of children" and the vision is "fathers in Kansas communities engage in healthy and positive relationships with children." Guiding Principles include:

- Fatherhood is both a responsibility and a privilege.
- All children and their fathers should have the opportunity to know and be a part of each other's lives.
- Kansas communities have the responsibility to acknowledge the importance of fatherhood and take steps to be more "Father Friendly."
- Healthy father involvement increases kids' chances for success in life and has a "positive impact" on future generations.
- All fathers deserve support to strengthen their role in their child's life.
- All families deserve respect regardless of culture and circumstances.
- The Kansas Fatherhood Coalition has a responsibility with respect to promoting fatherhood awareness and involvement.

The 2010 Fatherhood Summit was held in conjunction with the Fathers and Family Expo, held April 2 in Topeka. There was also a Parent Leadership Conference on October 1 and 2, and the Fatherhood Coalition had a booth to share information with conference participants. In June 2011, the Fatherhood Coalition joined with other groups to help sponsor the Kansas Strengthening Families Summit. Meetings were not held during the summer months.

During SFY 2012, the Fatherhood Coalition group has been less active. Conference calls were suspended during the summer months as the President was promoted to a different position within his agency. A new President has been named and monthly conference calls resumed in February, 2012. Group

members have continued to be involved with promoting father involvement activities. A Session at the Kansas Early Childhood Forum was "Strategies for Supporting Fatherhood and Healthy Marriage." The Parent Leadership Conference was held on September 30th and October 1st, and workshops included "Ten Ways to Be a Better Parent", "Healthy Fatherhood", and "Being a Dad: On Purpose." A "Fathers and Families Expo" was held in Topeka on May 18th and 19th, and Father Fun Days are planned for Lawrence and Junction City in June. The next Parent Leadership Conference is scheduled for October 5th and 6th, 2012.

The CWCMPs have all focused on promoting father involvement. They have each developed tools to assure that fathers are engaged in their children's lives.

DCCCA uses a tool called DADI (Detectional Assessment of Dad's Involvement) to remind workers to ask questions about the father's location and his involvement with the child prior to the initiation of services. It is a required form that is used on all families as part of the initial assessment process.

KVC Behavioral Health, Inc. (KVC) uses a series of forms that asks questions of parents, and the tool is required to be completed on each parent. The Worker/Parent Case Log form leads staff through a series of questions to assess and identify the location of each parent, what tasks they are working on, barriers to accomplishment, interactions with the child, identification of relatives, and things the worker can do to assist the parent. The Parent/Guardian Pre-Case Inventory form gathers demographic information on each parent and documents items such as tribal affiliations, cultural considerations, race, ethnicity and marital status. KVC also gathers genogram information on each parent. KVC participates in the Kansas Fatherhood Coalition and provides on-going training to staff. They developed a "Locating and Involving Fathers" newsletter that is sent out to staff, and are researching evidence-based fatherhood initiatives for additional training. During SFY 2012, KVC continued to provide Involving Fathers in the Child Welfare System training for staff to ensure they are aware of the most current knowledge and treatment modalities. They also have developed focus groups that continue to meet and address specific outcome goals regularly. There is also a support group for fathers. These groups include members of KVC's leadership team.

The group focusing on Fatherhood initiatives continues to strive to increase attendance to the Fatherhood Group in the Meadowlark Office by posting flyers and sending information regarding the group via email in the Meadowlark office. Judge Daniel Cahill has been informed about the support group and has been encouraged to suggest participation to fathers he sees in his courtroom. Information pertaining to the group has also been presented during the Wyandotte County SFP sessions.

St. Francis Community Services (SFCS) began a Non-custodial Parent Initiative. They evaluated their work with non-custodial parents and recognized that involving both parents and maternal/paternal relatives early on and throughout the life of the case leads to more timely permanency and positive changes in family systems. In the process of developing outcome measures for indicators of success several areas were identified for further review:

- Identify points of opportunity throughout the life of the case, to identify, locate and engage fathers in cases.
- Develop and document strategies for identifying, locating and engaging non-custodial parents, especially fathers, throughout the life of the case.

- Develop guidelines for safely engaging and sustaining involvement of non-custodial parents.
- The number of children reunified with non-custodial parents and its effect on the length of time to permanency.

In the beginning phase of the SFCS project, data from FY10 was reviewed to determine a baseline for the percentage of reunifications that were achieved with non-custodial parents compared to removal parents. The baseline was 14.92% of all reunifications were with non-custodial parents. SFCS implemented updates in the data collection processes to gather information automatically so they can compare the length of time to permanency for children who are reunified with the non-custodial parent vs. removal parent. In the past year, there has been a slight increase from 14.92% to 15.8% for the entire West region, with a significant increase in the South Central area and a decrease in the West area. There was a slight increase overall primarily due to searching diligently for relatives during intake/initial contact, often at the temporary custody hearing, initial team meetings and never giving up throughout the life of the case.

The SFCS project team developed the standard operating procedures and flow charts for identifying, locating, engaging, assessing and determining next steps with non-custodial parents throughout this process. Standard procedures are finalized and all appropriate staff received training. At the agency level, there has been a focus on father involvement across the entire organization. A father friendly statement will be developed for the website, and an assessment of the father friendliness of the organization will be completed. Grant funding to support this effort is being sought.

At the end of SFY 2011, SFCS' Performance Improvement Manager met with SRS performance improvement staff in the South Central and West SRS Regions to discuss strategies for improving case read results on father involvement. One strategy identified was to conduct an activity with SRS and SFCS staff to explore opportunities throughout the life of the case to identify, locate and engage fathers. The SFCS PI Manager facilitated the activity during the West and South Central Regions quarterly meetings. The Performance Improvement Project included small work group, researching best practice across all offices, developing and implementing the Worker/Parent form that has several reminders for staff related to non-custodial parents, and developing and implementing the training around father involvement and non-custodial parents. This helped to shift the culture around the importance of working toward timely permanency rather than "waiting" for the custodial parent to resolve their issues. SFCS found that the more experienced staff you have the more creative they get with how to ask the right questions that lead to information about absent parents.

One opportunity for identifying fathers is at the time of referral to SFCS. SRS requests information from EES and CSE to identify fathers for all children who enter custody and out of home placement, and includes the results of those requests with the initial referral. SRS and SFCS have now developed a process for follow-up requests throughout the life of the case. The CFS 3030, which is now the PPS 5110, is Attachment 68. Referral for Out of Home Placement and the Family Based Assessments are the starting point for SFCS, and the more complete the information provided, the better the opportunity for SFCS to locate and engage both parents.

At the time the case moves from SRS to SFCS, there are several opportunities for SFCS workers to identify, locate and involve fathers in case planning:

- The initial team meeting with parents, including gathering family information through the genogram and maternal/paternal information forms.
- Completion of the Child and Family Profile assessment.
- The initial and subsequent Case Planning conferences.
- Kinship assessments.
- Monthly Worker/Child visits.
- Monthly Worker/Parent visits.
- Parent/Child visits.
- Court hearings.

SFCS also began looking for ways to improve documentation of attempts to identify, locate and engage fathers in their child's case. SFCS developed a Worker/Parent activity note to be completed for all Worker/Parent contacts. All appropriate staff received training around the rationale and steps for involving fathers/noncustodial parents throughout the reintegration process as well as how to utilize the form and guidelines implemented.

SFCS completed updates to data collection processes to gather information regarding achieving permanency with custodial and non-custodial parents automatically. They compare the length of time to permanency for children who are reunified with the non-custodial parents vs. removal parents, and determine if there are trends in the length of time to permanency when reunification is obtained with a non-custodial parent.

Staff with SFCS adopted an easy to remember acronym to remind staff of the steps to follow when involving fathers/noncustodial parents. The acronym, ICED, stands for:

- **I**dentify and Locate
- **C**ontact
- **E**ngage and Assess
- **D**ocument

Many children referred for OOHP are removed from the home of one parent with little or no prior contact with the noncustodial parent, typically the father. SFCS staff identify, locate, contact, engage and assess the noncustodial parent. They involve both mothers and fathers in all aspects of case planning, services and visits.

The level of involvement of the noncustodial parent will depend on many factors to be assessed by the case management team. The expectation is to determine how the noncustodial parent's interaction with their children will provide for the safety, permanency and wellbeing of the children. The goal of involving noncustodial parents is to maintain, reestablish or create healthy relationships between parents and their children. It's important to remember that noncustodial parents have the potential to provide timely permanency for children.

At the corporate level, the SFCS Client Services Leadership Team focused on father involvement across the entire organization. They developed a father friendly statement for their website, and also used the

National Quality Improvement Center on Non-Resident Fathers and the Child Welfare System assessment tool to determine how father friendly the organization is. SFCS established a workgroup on assessing and becoming a paternally competent organization. The grant writing department has been and continues to seek grant funding to support this effort.

TFI Family Services (TFI) uses a Relative/Kinship Information form to list names of relatives and dates of contact made with them. If contact is not made with a relative/kin, an explanation must be provided. They also have a Due Diligence Report that documents efforts made to contact absent parents. TFI's practice guide for engaging fathers clearly requires staff to have both the mother and the father at the initial team meeting, visits, case plans, worker/parent contacts, courts and events/appointments. The form gives staff helpful hints for engaging fathers.

In SFY 2012, TFI reported the following success story:

Sabrina was placed in SRS custody in February 2011 after being removed from her biological mother due to concerns of domestic violence and alcohol use. When Sabrina was placed in SRS custody, her mother identified that the man listed on the birth certificate was not her biological father. She provided TFI with the name of Sabrina's biological father, Beau, and gave a general area of where he might be living. The TFI kinship worker was able to locate Sabrina's father and the case management team began to work with him. He was very involved in this process and was patient in meeting with Sabrina until DNA testing was completed. He reported a strong desire to be a part of Sabrina's life and wanted to be her permanent placement. This worker provided this information to the court and a Ross hearing was completed. During this time, Beau felt the court was moving too slowly and he completed DNA testing and paid for the testing on his own. When results were received, Beau was recognized as the father in the CINC case. Visitation began and Beau drove two and a half hours each week to have contact with Sabrina and began to build a relationship with her. Sabrina was placed in his home in October of 2011. Beau provides excellent care for Sabrina and they show an extremely strong bond. During each visit the workers had with the family, Sabrina was on Beau's lap if he was sitting down or he held her if he was standing. Sabrina was released of SRS custody in December of 2011 in Beau's custody.

Alexandra, Sabrina's sister, was also placed in SRS custody in February of 2011. Alexandra's father, Antonio, was in the home prior to removal. He reported that he tried to leave Alexandra's mother on multiple occasions with Alexandra but was not successful. When Alexandra was placed in SRS custody, Antonio obtained housing and started over as he left everything with Alexandra's mother. He obtained housing and furnished the home quickly. He provided excellent care for Alexandra during visitation and she was placed in his home in June of 2011. Antonio provides a home for Alexandra that is free of domestic violence and alcohol use. Alexandra was released of SRS custody in December of 2011 and placed in Antonio's custody.

TFI sponsored a "Fatherhood in Child Welfare" Consortium on May 3, 2012. Learning objectives were to understand the general principles of working with fathers, recognize how father's involvement significantly impacts child well-being, learn how to engage fathers, hear fathers speak out, and discover current practices and visions for the future. Jaiya John was the keynote speaker. George Williams presented on the Tour of the Secret Life of Men and Fathers, Kathleen Holt presented on recognizing worker bias and the TFI trainer, Todd Wilson, presented the training based on the National Family

Preservation Network Fatherhood Curriculum. Members of KYAC spoke as a kick off to the day as well as a father panel for a closure to the day. The Symposium was free and all 200 slots were filled.

The tools Youthville (YV) uses to document father involvement include the practice notes on Contacts (for worker/child, worker/parent and worker/family), practice notes on due diligence to locate absent parents, and the Temporary Custody Packet Acknowledgement. These tools require staff to have regular contact with both parents and provide helpful information on how to look for parents if they are not available. YV uses a Permanency Program Record Review that asks specific questions about the father's involvement in the child's life.

At Youthville, The Dads Dare to Care (DDTC) program completed its third year of operation in October 2011. DDTC meets three times each month, and is a mentoring program for father's navigating the child welfare system. They are matched with father's who have had custody of their children returned to them. In the past three years, over 50 children have returned to their fathers. In Oct., 2011 DDTC started sending out a monthly newsletter to staff in order to keep them updated on DDTC's efforts, achievements and progress as they work to strengthen fatherhood in child welfare. They also revamped the training curriculum for the purpose of an ongoing training for staff. DDTC continues to strengthen their partnership with DCCCA in serving their fathers.

DDTC has implemented a new curriculum that is more informed, in depth and encompassing in meeting various needs of Fathers. It is an 8 week session. DDTC has had (3) new participant members and (2) Father's achieved Return of Custody (ROC) in the third quarter of this SFY.

In SFY 2011, Youthville was awarded a \$10,000 grant from the Weidemann Foundation for continued support of the Dads Dare to Care program. The funds allowed the updating and purchase of additional marketing and incentive products.

Father involvement is tracked through questions on the Out of Home Case Read protocol. They are:

- Q 21 If the child's case plan goal is reintegration, did face-to-face interactions between the child and FATHER occur weekly?
- Q 22 If the child's goal is other than reintegration and the case planning team has determined a Father-child interaction schedule that is less frequent than weekly, is there documentation that the interactions have occurred at the frequency listed on the case plan?
- Q 34 During the period under review, did the agency conduct (1) a formal or informal initial comprehensive assessment of the father's needs (if the case was opened during the period under review) or (2) an ongoing assessment to provide updated information regarding the father's needs for case planning purposes (if the case was opened before the period under review)?
- Q 36 During the period under review, did the agency provide appropriate services to the father to address identified needs (with respect to services the father needs in order to provide appropriate care and supervision to ensure the safety and well-being of his children)?
- Q 40 During the period under review, did the agency make concerted efforts to actively involve the father in the case planning process?
- Q 46 During the period under review, was the frequency of the visits between the caseworker (or other responsible party) and the father sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?

Overall, performance on Q 21 was 71.9% in Q1SFY2011, 76.3% in Q2SFY2011, and 70.1% in Q3SFY2011. In Q2SFY2012, performance was 76.8%. Performance on Q22 was 92.3%, 88.2% and 93.8% respectively, on Q34 was 84.2%, 89.9%, and 81.7%, Q36 was 80.8%, 87% and 77.5%, and Q40 85.2%, 88.7%, and 80.3%. In Q2 SFY2012, performance was 70% on Q22, 87.6% on Q34, 85.9% on Q36, 86.2% on Q40, and 72% on Q46. Case read results can be found in Attachment 24.

KCSL is providing training and technical assistance for a fatherhood grant through the National Circle of Parents in Kansas. The grant is funded through Responsible Fatherhood Flow-through Funding from the US Dept. of Health and Human Services Administration for Children and Families.

The National Circle of Parents “Partners for Kids: United Hands Make the Best Families” model targets home-visitation programs. The fatherhood initiative model used by KCSL in their role with the fatherhood initiative includes:

- Fatherhood Advisory Councils: a community model designed to create the substantiality of the promotion and embracement of fatherhood within the community. Comprised of both practitioners and parents, the council becomes the enduring promoter, supporter and community entity which guides efforts for fatherhood within the programs and services offered in the community.
- “Conscious Fathering” Classes: an evidence-based training program, which provides fathers the opportunity to learn their newborn baby’s five basic needs, keys to how babies communicate, how to not only meet their baby’s needs but anticipate them and the importance of developing a healthy, positive relationship with the baby’s mother.
- Kansas Circle of Parents® “Adventures in Fathering:” a national evidence based mutual self-help model which provides fathers the opportunity to network and is based on the “five protective factors” essential to strengthening families and preventing child abuse and neglect - nurturing, parental resilience, child and youth development, solid social connections and concrete supports.
- Fatherhood Summit Meetings: a community awareness model which brings together fathers and community partners to network, learn about the importance of fatherhood and lay the “stepping stones” to promote and embrace fatherhood in the community.
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Also, SRS signed a Memorandum of Understanding with the National Family Preservation Network as they developed the “Complete Guide to Father Involvement.” It includes Kansas as a statewide model for increasing father involvement.

All of the CWCMPs also have the Strengthening Families Program (SFP) in Kansas. (See page 132 for additional information.) The SFP has contributed to increasing father involvement in child welfare cases. A SFCS Strengthening Families Program in Hutchinson had a summer session that met on Saturday mornings for 7 weeks. Eight families enrolled in the class and six families graduated, and there was more father involvement in this session than in previous ones. There were three single fathers that attended, and they all engaged with and cared for their children very well. One family had both mother and father in the class, but they are not a couple. They chose to take the class together for the benefit of their child. The families reported that they really enjoyed the classes and the extra activities that they get to do with their children that they are not always able to do in other situations.

Due to the statewide focus on involving fathers in the child welfare system, the Children's Alliance researched the topic and brought the Basic Fatherhood training curriculum developed by the National Preservation Network to Kansas. CWCMPs trainers participated in the training of trainers in February 2011. The curriculum is divided into two areas, Basic Fatherhood Training and Advanced Fatherhood Training. The training has been field-tested and refined based on input from child welfare and community organizations. Many topics are covered including; research, the Responsible Fatherhood Act, beliefs about father involvement, what fathers contribute, barriers to father involvement, what others are saying, communicating with fathers, and principles of practice. The Advanced course builds on the first one. The training includes several excellent videos that complement the information in the curriculum. Providers rolled the Basic Fatherhood training out to staff May 2011, and the Advanced Fatherhood training took place over the summer, 2011.

The Kansas Children's Service League is also involved in many fatherhood initiatives:

- In June 2011, KCSL completed the last year of the National Circle of Parents grant which was funded through Responsible Fatherhood Flow-through Funding from the US Dept. of Health and Human Services Administration for Children and Families. The Fatherhood Model used in Kansas, proved to be very successful under the Responsible Fatherhood funding.
- In July 2012, the Kansas Fatherhood Model began receiving funding through the Family Resource Grants through SRS. Funding has been provided to the Greater Kansas City area and Southeast Kansas.
- Kansas Children's Service League has added a new component to the Fatherhood Model – the Fatherhood Café. The Fatherhood Café is a fatherhood empowerment activity where fathers have the opportunity to share their visions, challenges, further opportunities and insights into how the community can provide higher quality services, education and support to families. In a fun filled setting, fathers share information and network with other fathers while responding to questions based on the "Five Protective Factors" which is instrumental in strengthening families.
- KCSL was selected to present at the Office on Child Abuse and Neglect Conference in Washington DC in May, 2012 on the Kansas Fatherhood Model.

Faith-based Initiatives

Children and Family Services utilized Community Service Allocation funding to meet the needs of local communities to prevent out of home placement and provide other targeted interventions. Two of the Child Welfare Case Management Provider organizations are faith-based organizations, St Francis Community Services and Youthville. The United Methodist Health Ministry fund is a provider of health services through local community grants in Kansas. As their basic priority, they have been instrumental in working to assure all Kansas children have health coverage. Increasing the capacity of clinics offering low-income Kansans services on a sliding-scale fee is also a priority.

Every community in Kansas has faith-based programs to meet the various needs of those in their community. SRS Children and Family Services and the CWCMP providers are involved in the following to meet the needs of the children/youth it serves.

KVC, TFI and Youthville collaborated with the Church of the Resurrection in Olathe to organize A Child's Hope (ACH) ministry to recruit foster/adopt families. They collaborate and coordinate to provide information on foster and adoptive care as well as help teach PS-MAPP. The need for homes for large sibling groups and teens, particularly youth of color, has been stressed. Church of the Resurrection also

solicits volunteers to support families who adopt, and has started A New House program to collect donated goods to give to youth who are leaving foster care at age 18. Church of the Resurrection continues to help facilitate hard goods, particularly for those youth transitioning to adulthood.

KVC has had a number of other faith-based initiatives. The KVC Community Resource Specialists distributed recruitment flyers and information to the Church of God in Christ for their annual statewide church convention held in Kansas City, KS on March 16th-23rd, and spoke at the Project Belong Kick Off rally, providing foster care statistics and discussing the process to become a foster parent in Kansas. They have been active participants in Project Belong activities throughout its planning process, and are collaborating with the Communications Director for American Baptist Churches, Central Region, to develop an article regarding foster care for the denominational newspaper. KVC is planning a Families of Faith Rally for June, 2012 at the Ball Conference Center. Pastors of foster families and the families will be invited to the event. KVC will also be sponsoring a MAPP class with Church of the Resurrection beginning May 29th. KVC conducted a MAPP Class with West Haven Baptist Church in Tonganoxie. Eleven families started the training January 31st, 2012. Eleven families are scheduled to complete the training April 3rd. At least one family and often times more will typically select out prior to completion of the classes. Of those eleven families, seven families will license to foster, three families will adopt, and one family will support. Two of the families have decided to foster teens and one family has chosen to adopt teens. Six of the families completing the training are from the West Haven Baptist family. PS-MAPP Co-Leader, Brittany Smith, commented, "I have been teaching classes for the past 5 years. I've never had a class finish with all the families that started. In addition, I've never seen a class with as many two parent homes ready to foster or adopt youth and teens. Children in Kansas are going to benefit greatly from this amazing group of people."

SFCS is a faith based organization affiliated with the Episcopal Church. Their mission is to be an instrument of healing for children, youth and families in spirit, mind and body, so they live responsibly with purpose and hope. SCFS fosters and maintains many connections with Episcopal churches and faith based communities across Kansas and the United States.

The Fostering in Faith program connects local community churches to children awaiting adoption so children will have an opportunity to develop mentoring relationships. Social workers and Fostering in Faith liaisons match children with a case plan goal of adoption who are at high risk of transitioning into adulthood without a permanent family, with a church family that meets the child's specific needs. Participation in the program is voluntary and the child chooses the level of involvement they wish to have with their church family. The goal is for the child/youth to increase their ability to live safely, attend school and be a productive member in an inclusive community environment; to have increased capacity for independent living; and improved emotional, mental and functional abilities.

Part of the recruitment process for churches involves exploring the child's previous and/or existing relationships with churches or faith based organizations. These relationships may be from their home communities, previous placement locations or birth family connections. Local community churches are approached by the Fostering in Faith liaison in an effort to recruit at least one church family willing to be an option for a child. These conversations often lead to a presentation about foster care and adoption to the entire church. Members who wish to participate complete a two hour basic orientation to child welfare. The church family is provided training in cultural, physical care and religious practice issues related to race, culture, religion and ethnicity prior to and throughout the duration of the match. The Fostering in Faith liaison matches children and families according to their strengths, similar interests and requested level of interaction in an effort to create and maintain a long term mentoring relationship and

commitment. Mentoring can include but is not limited to picture sharing, emails, letters, cards, gifts, prayer cards, phone calls, visits, outings, church attendance and participation in special events/occasions.

If the family wishes to visit the child where the child resides without supervision or take the child on an unsupervised outing, the church family is required to complete a course in managing aggressive behavior. If the church family wishes to have the child visit their home, they will be required to complete the 10 week PS – MAPP course. Both of these requirements serve two purposes, to prepare the family for a successful experience as well as to introduce them to the fostering and adoption process.

Much of this process provides additional opportunities to engage faith based organizations in fostering and adopting our children. Many of the churches SCFS works with through Fostering in Faith become advocates for children within their communities and provide space to display the Heart Gallery of children seeking adoptive resources. Some members also become volunteers in other capacities.

SFCS recruitment staff have reached out to more than 20 churches with information about foster care homes, adoption and Fostering in Faith, sharing of information ranges from sharing printed materials, one-on-one conversations with pastors and priests, small group discussions and presentations to entire congregations.

SFCS continues its partnership with Project Belong, the statewide Christian ministry working to recruit foster and adoptive families, in an attempt to promote adoption awareness and locate potential adoptive families. The founders of Project Belong were featured in the SFCS quarterly management reports in 2009 when the Hoffman's were selected as the Kansas Angels in Adoption. At that time the Hoffman's had adopted seven special needs children through the foster care system. SFCS staff have met with the Project Belong board of directors and participated in the Leadership Summit in Topeka in January. The SFCS Recruitment Manager and Director of Adoption spoke at the Prayer Vigil for Kansas' Waiting Children in January.

In SFY 2012, TFI had an internal committee review opportunities to work with Project Belong. They are gathering more information to determine the possibilities of this process. TFI has a large number of churches they work with through the Strengthening Families Program, Independent Living and Foster Care programming across the state. Many of them offer space for meetings, donations for children and families, and support for staff in different ways. Also, TFI conducted an internal survey with all direct service workers on how and when they interact with the faith based groups within their communities to assist us and our families. It was discovered these interactions encompassed over 125 faith based groups throughout Kansas. TFI has a formal Faith Based Initiative Plan. See Attachment 25.

Youthville continues to be involved with Church of the Resurrection by presenting agency sponsorship information at PS-MAPP classes organized through A Child's Hope Ministry. Classes are held 2-3 times a year and have resulted in several families desiring to foster children.

Youthville continues to publish an e-mail bulletin for churches with information regarding foster parent and adoption needs. It includes a link to the Youthville website for dates and location for information meetings as well as for a webinar information meeting. Also this publication continues to feature children eligible for adoption without an identified resource.

Youthville participated in the launch events for Project Belong in Kansas City and Wichita. At the event in Wichita in addition to have a booth, they were part of the presentation and highlighted the specific needs in Sedgwick County. Youthville is currently reviewing a MOU for Project Belong to promote foster and adoptive parent recruitment.

CWCMPs also have many recruitment events in multiple church locations across Kansas in efforts to recruit foster and adoption families. Youthville publishes a monthly e-news bulletin to Methodist churches, et al, highlighting foster care families, adoption needs, and includes a focus on child specific recruiting. They are also finalizing a curriculum to use in Sunday school classes to raise awareness of child welfare issues including a call to action for churches, groups, families, or individuals to be involved. SFCS sponsors Fostering in Faith™, a program that helps identify mentors or possible adoptive families for youth who leave the system without a permanent family. SFCS created the Fostering in Faith™ program to increase opportunities for youth to develop connections to positive role-models. Aimed at youth who are at risk of aging out of the system without a permanent family, the program offers mentoring and long-term connections to a church family that is willing to support the youth into adulthood. This assists youth in building community supports necessary to sustain safety, permanency, and well-being. Each quarter the Fostering in Faith™ program features a child who is legally free for adoption but does not have an identified resource. The program is presented to each child and they sign consents agreeing to participate. The child's photo and a brief biography are printed on postcards and featured in the participating church's bulletins. Church members then become mentors for the child/youth and support them as they move toward independence. Often other special needs of the youth are met by donors such as independent living items, special items needed for sports or other special interests and talents of the chosen child. One church provided funding for braces for a child's teeth that was not covered by the medical card. SFCS also provides updates on children who were previously featured to the churches.

KCSL regularly utilizes church bulletins and flyers for adoptive home recruitment. More than 100 churches are actively involved in providing information and education about the need for adoption. In April 2011, over 7,400 church bulletins and white awareness ribbon cards were distributed to churches across the state. In addition, AdoptKsKids staff are available to make adoption/foster care presentations and share information at church meetings/functions and have done these on a regular basis. KCSL was a supportive partner in Project Belongs Day of Prayer, Leadership Summit and Kick-Off Events across the state in 2012. Project Belong is a Christian ministry working in partnership with the Church, families, and the community with a vision to provide a loving, safe and stable family for every waiting child in Kansas. KCSL is currently assisting Project Belong with development of a mini gallery of children's photos to exhibit to complement their presentation as well as finalizing a memorandum of agreement to utilize their recruitment efforts.

Klicks for Kids is a photography exhibit featuring images of some of the nearly 900 Kansas children in foster care needing adoption. The gallery is a collaborative effort between Adopt Kansas Kids and the Kansas Professional Photographer's Association to find families for these children, as well as raise awareness of the critical need for foster and adoptive parents in our state. Klicks for Kids has been in over 30 locations over the last 12 months, including 5 churches Intrust Bank Arena, Wichita Airport, Towne East Mall and many other venues. 166 professional photos (used for adoptkskids.org) have been scheduled and taken in the last year including 39 new Klicks for Kids photos.

Each year, In November, AdoptKSKids celebrates National Adoption Month, increasing awareness of the need to adopt children in foster care. Approximately 15,000 white ribbon information cards were

distributed across the state, and information about National Adoption Month was provided over 100 Kansas churches. KCSL was on hand with some Klicks for Kids photos for the Governor's signing of the proclamation recognizing National Adoption Month in Kansas. KCSL has developed a very active Adoptkskids facebook page with over 2067 fans (as of 6-11-12) and that number is increasing daily. This following indicates a reach of "friends of fans" of over 653 thousand individuals. Currently three television stations air taped profiles of children needing adoption. Over 120 child photos and bios are printed in approximately 30 newspapers across the state, each paper printing a different profile almost weekly. Adoptkskids has also participated in radio programs and purchased billboards across the state. Currently we are working with KWCH, Sunflower broadcasting, who won the bid for advertising adoption, to increase awareness and recruit additional families for waiting children.

There was a community get-together hosted by SRS and The Global Orphan Project to create an opportunity for families from metro-area churches to connect with and learn from children and families in KC's Child Welfare System. Approximately 200 participants attended. The Global Orphan Project, Inc. ('GO Project' or 'GO') is a global orphan care ministry headquartered in Kansas City, Missouri. GO Project mobilizes local churches in some of the poorest areas on earth to care for the neediest orphaned and vulnerable children in their communities; children of last resort with no viable means of care. A vibrant, viral network of global givers fuels the growth of this grassroots movement for orphans.

Positioning Public Child Welfare Guidance

In 2010, Children and Family Services was selected as one of 6 public child welfare agencies nationally to participate in the first Positioning Public Child Welfare Guidance (PPCWG) Institute that supports states and local agencies to advance change within their organizations toward child welfare performance improvement. The PPCWG Institute is sponsored by Casey Family Programs, APSHA and NAPCWA, and brings teams from public agencies together and teaches participants on a continuous improvement process to make changes in their organizations based on the Guidance. Kansas emphasis is safe reduction of children in care through strengthening prevention of out of home placement and increasing timely reintegration. Kansas' long term outcome is to **reduce the number of children in care by 2013 to the level of population in foster care in 2003 (4,700 or less)**. There are benchmarks to meet in 2011 and 2012. A charter was written and a statewide improvement team was formed and met on August 27th, September 30th, and November 10th, 2010. We still have a goal to ultimately reduce the number of children in care each year, but the benchmarks are different: Safely Reduce the number of children in OOH care at any one point in time. As of May 31st there were 5303 children in OOH care. On average for FY10 this was 5080. By the end of FY12, we will have less than 5000 children in OOH. CFS involvement with PPCWG ended in May, 2011. Kansas continues to work towards reducing the number of children in out of home care.

Permanency Roundtables

Kansas is working with Casey Family Programs to initiate Permanency Roundtables. The Kansas Permanency Roundtables is a public-private partnership that is led by a Design Team comprised of leadership from SRS / CFS, private child welfare contractors, judiciary, academia, mental health, developmental disabilities and national partners at Casey Family Programs. Permanency Roundtables are a structured, professional case consultation to:

- Expedite safe legal permanency and lifelong connections for youth in foster care;

- Develop a realistic, concrete and action oriented plan for each child to achieve or improve their permanency outcome;
- Stimulate thinking and learning about pathways to permanency for children languishing in foster care;
- Identify and address barriers to permanency through creative thinking, professional staff development, policy change, resource development and the engagement of system partners
- Identify systemic barriers that lengthen children's time in foster care without achieving legal permanency;
- Promote staff and organizational values of legal permanency and lifelong connections to caring adults for every youth in care.

The following data was used to choose the population chosen for Permanency Roundtables: there are approximately 877 youth who are legally free for adoption and of those, 43.7% are ages 10 and up; 33% of youth in care as well as 26% of our youth entering care are ages 13 and up; and 26% of youth ages 13 and up have a permanency goal of OPPLA.

The Kansas Permanency Roundtables will "roundtable" the following youth:

- Youth whose permanency goal is adoption and are legally free for adoption but do not have an identified resource
- Youth ages 10 – 15 with a case plan goal of OPPLA
- Youth who have remained in the same placement longer than 24 months and whose "parental rights are terminated"

Permanency Roundtable Summits will be held across the state in June to educate stakeholders about the process, and the Roundtables will start in July.

PROGRAM SUPPORT

Children and Family Services provides direction to Regional SRS offices and CWCMPs in a number of ways. Quarterly meetings are held with CFS Program Administrators to update and review statewide initiatives, discuss allocations, provide information about new policies and procedures, answer questions, get feedback, etc. Meetings are also held jointly with CSF PAs and CWCMPs Program Directors. Regional CFS staff and representatives from the CWCMPs are part of the workgroups listed on page 11. Regional staff and representatives from the CWCMPs are part of the Quality Assurance system on described on page 108, and regular meetings are held with Case Readers to go over results, questions, and instructions.

Technical Assistance/Consultation with National Resource Centers and Advisory Groups

As a result of efforts to improve outcomes for children and families technical assistance has been obtained and is on-going from the resource centers and groups listed below for the issues listed for that resource center or group.

National Resource Center for Child Protective Services (NRCCPS)

In consultation with the National Resource Center for Child Protective Services (NRCCPS), a review of the current risk/safety assessments determined the tools had the essential content recommended to determine service decisions, including extent of child maltreatment, circumstances surrounding the child maltreatment, child's functioning, discipline approaches and typical context used by care giver, parenting practices and care giver functioning. As a result of the review, some procedures were identified which could enhance gathering safety information beginning at intake and standardizing the information gathered for assessments. Beginning with the receipt of a report at intake, SRS has revised procedures and forms. The procedures for gathering information at the time of the receipt of a report of abuse/neglect were standardized by developing a question guide used to prompt reporters during the initial call. Also, the intake form was revised for recording the additional information received regarding the extent of child maltreatment, circumstances surrounding the child's maltreatment, the child's functioning, discipline approaches and typical context used by caregiver, parenting practices and caregiver functioning. The revisions include receiving feedback from SRS social workers and administrators statewide. SRS staff received training prior to implementation of the new procedures or forms. NRCCPS continues to provide consultation as quality assurance procedures have been developed to measure progress toward gathering pertinent and sufficient information on child safety at intake.

In consultation with the NRCCPS, SRS social workers, and administrators, revision of procedures on forms had continued with the initial assessment decision. At this point, revisions have not been made to the Initial Assessment Decision policy. The plan to move forward with Initial Assessment Decision has been delayed. Some type of revision is under consideration currently for how Children and Family Services social workers will assess families in the future. Currently, the agency is exploring ideas on creating some type of expanded response to reports of abuse/neglect or non-abuse/neglect allegations. The initiation of services is expected this Fall. The need for additional technical assistance will be dependent on the type of services delivery model identified and the population served.

NRCCPS assisted with the second annual joint meeting of the Citizen Review panels in Kansas. Consultant MaryJo Pankoke co-facilitated the meeting with the regular facilitator of two of the Citizen Review Panels. The co-facilitators assisted the panels in identifying and outlining current trends nationally and factors influencing child welfare in the current Kansas environment. With this information the Citizen Review panels identified critical issues in some strategic areas that citizen review panels could influence. Those issues were assigned to individual panels to identify strategic plans for each group. The citizen review panels set a framework or an agenda for activities at each scheduled meeting. The specific strategic plans developed at the second annual meeting in July of 2011 are reflected in the recommendations and agency responses of the citizen review panels. See Attachments 61, 62, 63, 64 and 7.

National Resource Center for Permanency and Family Connections (NRCPPFC)

In the past, Program improvement tasks with the resource center included:

- Work to improve assessment processes and increase competencies in case planning which effect stability and timely permanency.
- Convene a workgroup with the assistance of the NRCFCPPP with child welfare professionals to review case planning processes and forms to strengthen participation in case planning.
- With assistance from NRCFCPPP review current state agency policy on concurrent case planning and revise it to include prognostic indicators.
- Assist with Placement Stability project with NRCRRFAP.

Case planning forms and policies were revised and staff from SRS and the CWCPs continue to receive training. The training includes modules on father involvement and quality of child/worker visits. This training is completed through the Training Contract with Children's Alliance of Kansas.

Work with the Child Welfare Permanency Advisory Committee and other groups on:

- Improved engagement with the custodial and non-custodial parent in case planning and worker contact practices.
- Increase frequency and quality of worker-child contacts.

The Permanency Advisory Committee (PAC) met through-out the year to review the tools used and policies developed regarding involvement of parents in the case planning process, and also the quality of child/worker visits. Other accomplishments in 2011 include review of the timeliness of mental health referrals, development of a relative notification letter, and strengthening policy language regarding Concurrent Case Planning, adoption practices, and school proximity and coordination with education. The PAC held a day-long meeting in November, 2010, to review past accomplishments and develop a strategic plan for moving forward. Current and best practices were presented, and the group outlined and prioritized next steps. Future focus of the PAC will include achieving permanencies, especially for youth who are undocumented or have disabilities, and improving coordination with education.

CFS has no current Technical Assistance Requests with the NRCPPC, and has no plans to request TA in the coming year.

National Child Resource Center for Recruitment and Retention of Foster and Adoptive Parents at Adopt USKids (NCRRFAP)

- Improve assessment processes and increase competencies in case planning that effect stability and timely permanency.
- Work with the help of the resource center, child welfare providers, and the Children's Alliance to develop and implement strategies to increase the pool of adoptive families for older children, children with special needs, children with behavior problems and large sibling groups.

As noted above, case plan training is on-going. The CWCMPs have all developed and submitted their recruitment and retention plans for increasing the pool of adoptive families for older children, children with special needs, and children with behavior problems and large sibling groups. The Adoption Exchange contractor is also doing targeted recruitment for adoptive families for these populations.

Reports on Placement Stability Initiatives developed by the CWCMPs are included on page 98.

CFS has no current Technical Assistance Requests with the NCRRFAP, and has no plans to request TA in the coming year.

National Resource Center on Adoption (NRCA)

CFS has no current Technical Assistance Requests with the NRCA, and has no plans to request TA in the coming year.

National Resource Center for Youth Development (NRCYD)

KYAC developed a tool for youth to use to provide feedback during their visits with workers. Case reads are tracking the use of the tool. The Training of Trainers for foster parents on supporting life skills for youth in foster care is on-going.

National Resource Center Child Welfare Data and Technology

The National Resource Center for Child Welfare Data & Technology provided on-site training to CFS Data unit staff on data composites and measures related to CFSR federal outcomes in March, 2009. No new measures requiring technical assistance from the NRC were initiated in SFY 2010. No technical assistance days were utilized for National Resource Center for Child Welfare Data & Technology.

National Quality Improvement Center on Fatherhood

- Obtain technical assistance to gather practice principles and develop strategies for increasing father involvement in case planning.

Policies on father engagement and involvement were reviewed and clarifications made. Suggestions were made and shared with PAC on practices that would enhance father involvement. No technical assistance was requested in SFY 2012.

National Resource Center on Organizational Improvement

- In SFY 2011, CFS had requested for TA from NRCOI on developing a competency model. CFS will be developing the competency model with existing in-house resources.
- KYAC participated in the Peer Network webinar in February, 2012, held by NRCOI.

Workforce During SFY 2013, the Agency will explore options and the feasibility of collecting information on years of child welfare experience. One of the strengths of the agency's workforce is the current performance review system. The components of performance management include performance planning with individual employees, reviewing and evaluating the performance, and coaching in feedback. Performance planning requires each social work supervisor to meet with individual social workers and identify agreed upon objectives and competencies. The reviewing and evaluating performance gives the social work supervisor the opportunity to look at the measurable objectives and provide feedback on performance throughout the evaluation year. If performance isn't meeting agreed upon standards, the supervisor will coach the social work and develop a plan for improving performance. Enhancing social work supervisor's skills is also one of the challenges in the agency's workforce. The role of supervision is critical in developing social workers' capacity. A number of ideas on enhancing supervisor capacity have been entertained including training supervisors prior to any new training to social workers, providing supervisors periodic updates in training curriculum, and formalizing their role in pre-service training. An additional idea currently being considered is gathering social work supervisors together statewide two to three time a year to provide information relevant to

the new policies, new training, opportunities for networking and discussion of topics identified by the supervisors. A specific plan for enhancing social work supervision has not yet been developed.

Information about the CPS workforce is in Attachment 26. As Kansas has privatized Family Preservation, Foster Care and Adoption services, information from each of the CWCMPs is noted in Attachments 27, 27A, 28, 29, 29A, 30, 30A and 30B. A list of CWCMP acronyms is provided in Attachment 69.

THE TRAINING PLAN

Training is available in a variety of formats, including online, computer-based, blended and classroom delivery. Online courses are completed either through the SRS Training Center (for internal SRS staff) or through KS-TRAIN, a learning management system available to all community based child welfare provider agency staff. Computer-based training includes courses that are completed on computers that are not connected to a network, e.g. the Building Family Foundation series of 10 courses that are available on stand-alone computers at 28 locations around the state. Blended training includes courses that have been created or modified for some activities to be completed online by the individual and some activities to be completed either individually or with a group in consultation with a trainer or supervisor. Classroom delivery is provided in a face-to-face environment.

The online Case Manager Pre-service course available through Children's Alliance of Kansas is required prior to caseload assignment for all case management staff and is not a part of the pre-service requirements for SRS staff. Pre-service requirements for SRS staff include both online and classroom courses for all positions (see Attachment 31 – Required and Recommended Courses for CFS staff.)

Core, Advanced Core and Special Topic courses are available to both SRS and community based child welfare provider staff, if allowed by funding or seating availability. Each entity determines the ongoing training requirements for their staff and is involved in identifying training topics and in course delivery. All courses provided through the SRS contract with Children's Alliance of Kansas are open to staff from SRS as well as staff from community based child welfare provider agencies.

2010 Update to CFS TRAINING PROGRAM – 5 Year Strategic Plan

Children and Family Services – Training for Child Welfare Staff

Children and Family Services' efforts in recent years have included:

- Development and delivery of well-designed courses for new employees focusing on critical tasks/skills needed prior to caseload assignment;
- Development and delivery of training for experienced employees to build skills in assessment, interviewing, engagement, case planning and critical thinking;
- Improved documentation of training activities;
- Development and support of partnerships;
- Identify and address developmental needs of trainers, supervisors and managers to support effective training delivery and use of "transfer of learning" tools to strengthen learning;
- Increased use of technology to support a learning environment, including online training courses and resources; and
- Strengthen use of evaluation tools, including stronger connections to performance

improvement and to quality assurance efforts.

Goals for FFY 2010 – 2015 include:

Goal One – To establish a Training Partnership supporting collaborative training development and regional delivery, and strategic planning efforts related to training. A common goal for members of this Training Partnership will be the collection of needed training documentation to maximize Federal reimbursement for the additional trainee groups established in P.L. 110-351 amended section 474(a)(3)(B) of the Fostering Connections to Success and Increasing Adoptions Act of 2008; and at the increasing FFP rates for reimbursement established in section 477 of this act. The Training Partnership was established in January 2011. The group's charter is Attachment 32.

Description

A Child Welfare Training Partnership Committee will include members from SRS, contractors and child welfare case management provider agencies who will collaborate to determine strategic direction and priorities for training, support training documentation efforts to maximize Federal reimbursements available through the Fostering Connections to Success and Increasing Adoptions Act of 2008.

FY2012 Update (July 1, 2011 through June 30, 2012)

An Individual Needs Assessment is completed every six months through use of an online survey to identify and group training needs. The Training Workgroup with membership from SRS and CWCMP agencies review and prioritize these needs to select topics for development and TOT activities. New topics for training during this year have been: **Getting to Cool When People Get Hot: Therapeutic Crisis Resolution in Social Services**, and a series from NSCACW, **Helping Child Welfare Workers Support Families with Substance Use, Mental and Co-Occurring Disorders**.

In 2011, a Strategic Training Development Group was formed within Children and Family Services to review the training plan and give feedback to the Training Contractor about the Pre-service, Case Management, and Supervision tracks of training, and to develop strategies and next steps for moving forward. The Training Contractor has established a Training Workgroup that includes members from SRS and CWCMPs. A training needs assessment has been completed, and special topics for training include Families Separated by Incarceration, Involving Fathers, and Family Engagement. For the workgroup charter, see Attachment 32.

In SFY 2012, SRS continues to have a contract with a training contractor to provide pre-service, case management and supervision training for DCF and Child Welfare Community Based Services Providers. The training needs assessment was completed again and the topics chosen for training include, families affected by substance abuse, supervising and motivating staff from various generations, and reducing trauma to children during child abuse investigations, removal and out-of-home placement. See Attachment 33 for additional information.

Goal Two – To formalize an ongoing process for development and adoption of a child welfare competency model that is developmental in format, providing a framework of knowledge, skills and abilities that are comprehensive, relevant and responsive to the changing child welfare system in Kansas. The development of a model of child welfare competencies that identifies behavioral developmental standards providing a foundation that all training from SRS, training contractors and

Child Welfare Case Management Provider agencies will be linked to is a key initiative toward improvement of the training system in Kansas. This developmental model will support recruitment and retention efforts, individual and organizational training needs assessment, and will establish a reference point to focus training efforts. The group that focuses on strategic planning is currently an internal working group. A decision was made to use this group when there was a change in CFS Administration.

Description

This developmental competency format is expected to clarify expectations for entry-level and additional skill levels that will be tied to levels of training and evaluation. A “universe of competencies” includes all of the knowledge, skills and abilities potentially needed by child welfare staff in order to perform assigned job tasks.

FY2012 Update (July 1, 2011 through June 30, 2012)

The Strategic Training Development workgroup researched and investigated information about currently available competency models and the development and implementation of a competency model before initiating a request in October, 2011 for Technical Assistance through T/TAC for assistance in planning and completing this work. Earlier research (FY2010 and FY2011) included contacts with the Kansas Workforce Initiative and with the National Child Welfare Workforce Initiative to clarify they did not have plans to develop competency models as part of their projects. Following some initial assessment activities with NRCOI and T/TAC this request was withdrawn in April, 2012. A proposal for completing this effort with resources from another department is now under review. While CFS is unable to have extensive involvement from HR (now under the state's Department of Administration), they will be available for review and support. We believe the Performance Management Program (PMP) implemented for state agencies in Kansas (FY 2010) provides the structure for use of child welfare competency model. Avenues for engaging CWCMPs in this process already exist through current structures and workgroups and can be incorporated in any new RFP/contract.

FY2011 Update

Competencies for Kansas Child Welfare Scholars have been developed through the Kansas Workforce Initiative. The Kansas Workforce Initiative is a five year project that started on October, 2008 funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. The purpose of the initiative is to create a stable, prepared and supported workforce to improve the safety, permanency, and well-being of children and families in Kansas. The initiative focuses efforts on strengthening through educational support of BSWs and MSWs the workforce of private and tribal child welfare agencies. "Value-added" educational traineeships help increase the child welfare focus at university social work programs statewide.

The Kansas Child Welfare Scholars Program supports social work education for students committed to working in the child welfare system in Kansas. The Scholars Program is a collaborative effort between the major Child Welfare Case Management Providers, Kansas tribes, the Kansas Council on Social Work Education and the University of Kansas School of Social Welfare (KUSSW). A cooperative agreement between KUSSW and the United States Health and Human Services, Children's Bureau provides funding for this program. The KS Child Welfare Scholars Competencies

document represents work that all the CWCMPs did with the KU Child Welfare Workforce Initiative. The KU staff took all of the providers' competencies and summarized them into one document. See Attachment 34.

Goal Three – To provide consistency in Pre-service and Core level training for all new child welfare services employees and to provide specialized and advanced practice training to child welfare services employees in support of improved skills in interviewing, engagement, customer service, case management, case planning and the court processes.

Description (Please see Attachment 31) Pre-service and Core level training that is mandated to support a consistent standard of practice consists of training in those competencies considered to be fundamental and essential.

FY2012 Update (July 1, 2011 through June 30, 2012)

The most recent update to the online **Pre-Service Case Management** course was completed in July 2011, with the addition of a module on the rights of parents. With this change completed the pre-service course now takes an estimated 16 hours to complete. This course remains available online through Children's Alliance of Kansas, Inc. (CAK) at www.childally.org as a requirement prior to caseload assignment. CAK provides completion data for this course and show 138 participants completed this course between July 1, 2011 and March 31, 2012.

Pre-Service courses for SRS Children & Family Services staff are determined for specific positions, including PRC Intake staff, PRC Social work Specialists, CFS Social Work Specialists, Special Investigators and Supervisors. These curriculum requirements are established in the Pathlore LMS and available for assignment to specific positions. See Attachment 31.

FY2011 Update

A revised version of the Pre-Service Case Management course has been completed and is available through the Children's Alliance, Inc. website at: www.childally.org.

A consistent on-line pre-service course for Child Welfare Case Management Provider staff continues to be available through Children's Alliance of Kansas, Inc. This course has undergone a revision for content and update to include more participant engagement, while making consistent training available for staff from any of the Child Welfare Case Management Provider agencies. Pre-service training has a number of modules which are on-line so they are accessible to staff 24/7 and can serve the needs of newly hired staff. Each module has a post-test and participant's answers are accessible to their supervisors. Pre-service training must occur prior to caseload assignment. Supervisors, or sometimes HR staff, inform workers of the course.

Pre-Service trainings for SRS Children & Family Service staff are available for specific caseloads; including PRC Intake staff and PRC Social Work Specialists and Social Work Specialists and Special Investigators in Regional offices. Pre-Service training is also specific to CWCMP case managers. Each CWCMP does additional training. As progress on implementation of the CFS Safety Intervention System continues, the initial course materials have been updated. Investigation and Assessment, KIDS Training, Introducing Child Welfare in Kansas Today and PASSPORT continue to meet pre-service needs, supported by a series of courses required within 90 days.

Core Training courses have continued, along with an effort to make online courses and webinars available for staff. These online resources support learning without the challenge of travel or costs and provide brief learning opportunities for staff in any location. The Midwest Child Advocacy Center has provided access to two webinar series: Forensic Interviewer Webinar Series and Medical for Nonmedical Professionals. The Public Child Welfare Training Academy (PCWTA) has provided 9 one-hour online courses, in return for quarterly data reports on use. This series is being added to the Pathlore Learning Management System (LMS) and their availability will be announced to staff.

Effectively Engaging Families and Youth in Case Planning and Case Management (two Modules) has been developed through the Training Contract with Children's Alliance of Kansas to replace *Family Centered Case Management* and incorporate new forms and practice requirements for case management. A Training of Trainers for both Modules took place January 20 & 21, 2010. As of October, 2010, 384 non-SRS/CFS staff and 31 SRS/CFS staff have attended the training.

Goal Four – Implementation of standardized Individual and Organizational Training Needs Assessment tools to identify priorities for training development and delivery. An Individualized Needs Assessment tool was developed through the training contract with Children's Alliance that is used by SRS and Child Welfare Case Management Provider agencies.

FY2012 Update (July 1, 2011 through June 30, 2012)

An improvement recommended for FY2013 is to include training needs identified at an organizational level that considers federal requirements, program improvement plans, upcoming initiatives or strategic planning beyond the scope of the individual worker or supervisor. Currently, information available from federal reviews, the Training Partnership Group and the Strategic Training Development workgroup are used to identify or prioritize training needed while CWCMPs each determine training needed to support internal initiatives. We will continue to work toward a more systematic method of identifying organizational training needs.

FY2011 Update

Development of this Training Needs Assessment tool was completed October, 2008. An individualized training needs assessment is being used to identify future training topics. Each participant answers a question about their training needs after each training session. Also, a survey is sent to participants twice a year to assess needs. It is also distributed to CFS Program Administrators in Regional SRS Offices. The Fall 2010 report period indicated Family Engagement and Crisis De-escalation were the highest requested training topics. Development of an organizational Training Needs Assessment tool will be a task completed by the Workgroup currently being organized under Goal One. Although individual needs assessment is completed with staff completing the online pre-service case management course, we continue to need a process to identify organizational training needs for use in strategic planning, collaboration and priorities for training development.

Goal Five – Develop an adequate pool of skilled course developers, instructional designers and trainers to meet the changing needs of the Kansas child welfare system with skills in and use of technology to meet delivery, distance, evaluation and transfer of learning needs, e.g. Web Quests, pod and webcasts, personal response systems, distance learning tools.

Description

Trainers in a competency-based training system must have well-developed skills for use with adult learners, a thorough knowledge and skill in the topic areas and research base they are to teach, and understanding of the values, standards, and operations of state-of-the-art child welfare practice.

Instructional designers and course developers must have well-developed skills in curriculum development, including skill levels and access to software products needed for development of classroom and online courses.

Trainers for a competency-based system are thoroughly screened, evaluated and ultimately certified to teach only in those competency areas in which they demonstrate a high level of proficiency. They are trained in the use of standardized curricula and learning materials, in adult learning principles and in the facilitation and adaptation of learning activities for participants of varying knowledge or skill levels, as well as for varying numbers of participants while achieving the same learning objectives. They are trained in their role to promote a transfer of learning from the workshop or classroom to the actual job setting and in evaluating the behavior and effort of individual participants while in the learning setting.

All trainers are evaluated each time they conduct a class or session. If the trainer fails to perform to the system's standard, the necessary technical assistance and feedback will be provided to assist the trainer in achieving needed performance improvements. Trainers must meet system standards in order to be assigned to deliver training. This function assures fidelity to standardized training curriculum and a high quality of training delivery.

FY2012 Update (July 1, 2011 through June 30, 2012)

Training of Trainer events were held for two new courses between July 1, 2011 and April 30, 2012.

The TOT for **Getting to Cool When People Get Hot: Therapeutic Crisis Resolution in Social Services** was held on August 18, with 16 participants attending. The TOT for the **NSCACW Series: Helping Child Welfare Workers Support Families with Substance Use, Mental and Co-Occurring Disorders** was held on March 27 & 28, with 7 participants attending.

The current model of providing TOT's and then subsidizing the use of CWCMP resources to deliver some classes meets some but not all of the training needs for this system. One outcome of CWCMP-only trainer resources is that training locations and dates are determined without consideration of the availability of staff from SRS. This lack of collaboration in organizing the delivery of courses is one factor that has resulted in a lower than expected participation by SRS staff in both core and supervisor courses. Significant reorganization and changes within SRS have depleted internal training delivery resources and the expectation that this contract would result in training delivery specific to SRS staff has not been realized. The model of subsidizing some classes makes seats available to SRS staff in some but not all classes held by the CWCMPs. The schedule and participant data for classes using course materials developed or purchased and provided through this contract (and owned by SRS) but not selected for financial subsidy through CAK are not made available. As a result, we are only able to collect and report participation data for the classes which are subsidized. Establishing a method of reporting schedules and participation for all classes (subsidized through

CAK or not) offered based on course materials available through this contract would make more complete data available. Establishing a process for sharing training data of additional courses offered internally by CWCMPs would be a significant improvement in establishing a complete picture of training in the child welfare system in Kansas. It is anticipated such an improvement in this data sharing could be accomplished without sharing all course materials, as this could impact licensing or copyright permissions specific to some of these materials/resources.

Training development courses, including **The Accidental Trainer, Design by Objectives**, and training for **Lectora (Basics and Intermediate)**, a courseware development tool remain available through SRS.

FY2011 Update

All Training of Trainer activities provided during FY2011 included tools and resources to support training fidelity and trainer development. We are able to connect course development or design resources for those who continue to support training development or delivery. A CD with all training materials and tools is provided for each course. Resources to provide ongoing evaluation of trainers have been limited at this time due to staff capacity. We will expect to resume these professional development activities once additional staff to support training becomes available. Regional SRS Staff involved with delivery of courses receive feedback related to their role as trainers for use with their Performance Management Process.

Goal Six – To design a dynamic curriculum development system that emphasized competencies, social work values and ethics, and Kansas child welfare practice concepts.

Description

Ultimately there will be complete training guides, curriculum and or training workshops, or learning resources available to address all competencies in the developmental model of competencies.

FY2012 Update (July 1, 2011 through June 30, 2012)

CAK has assured SRS that online courses developed through the training contract will be made available in a non-proprietary format once the contract is completed (enter 1st of 2 potential years of extension in October 2012). Completing this without incurring additional resources or costs for any transitional development will be a priority before the end of this contract as the online course will need to be moved to KS TRAIN where it will continue to be available to CWCBP case management staff regardless of any contract timeframes.

FY2011 Update

Arrangements were made for staff of Children's Alliance of Kansas, Inc. to attend Basic, Intermediate and Advanced classes in using Lectora for online course development. Lectora is a software product for on-line course development. Access to equipment with a licensed copy of this software was also offered to support development of online course resources.

Goal Seven – To ensure that evaluation becomes an integral component of the training system, including evaluating trainers, participant learning, curricula, competencies, the individual needs

assessment process, and outcomes for children and families, cost analysis, and general satisfaction with training system responsiveness.

Description

Use of a statewide data tracking system, Pathlore, enables the systematic input of information needed to plan, administer, and evaluate training activities and staff participation. Measures of performance for the system must be identified and the system's input and output regularly assessed. A training system should evaluate all elements, including responsiveness of the system to constituents and the effectiveness, quality and timeliness of training.

FY2012 Update (July 1, 2011 through June 30, 2012)

Evaluation –

Course evaluation continues to be required for all on-line and face-to-face courses. Using the Kirkpatrick levels of evaluation (Level 1 – Reactions; Level 2 – Learning; Level 3 – Transfer/Behavior; and Level 4 – Results), Level 1 evaluations are completed for all classes and TOT activities. Level 2 evaluations are completed for classroom delivery of specific pre-service and core courses. Level 3 evaluation activities are completed for courses requiring significant resources and intended to support significant changes in on-the-job practices. We have been implementing additional activities that are completed before attending a class or following a class, to support both a Transfer of Learning and to engage the direct supervisor in this Transfer of Learning to the workplace. We are not currently completing Level 4 (ROI – Return on Investment) activities for any learning activities due to the difficulty and resources required, focusing instead on Level 2 and 3 evaluation activities.

During the coming year, we expect to improve the review and analysis of Level 2 (pre/post assessment) activities to identify effectiveness of specific training concepts and will focus these efforts on courses supporting interviewing and assessment skills. We will examine options for improving Level 3 evaluation activities, evaluating the Transfer of Learning activities implemented to identify needed adjustments or improvements in training, the TOL activity or in the support needed by direct supervisors.

FY2011-Update

Course evaluation is required of all on-line and face-to-face courses and then recorded in a database. Efforts to improve evaluation activities for both classroom and online learning events are ongoing. Included in the training contract with Children's Alliance is training needs assessment and a progress report from the pre-services case management participants' supervisor to monitor for course satisfaction, individual participant learning and competencies. In addition, through the training contract, all Training of Trainer courses evaluate the events at the completion of the training for feedback on the curriculum and course presentation.

SRS strengthens the Training System by partnering with Universities, contractors, Child Welfare Case Management Providers and others to sustain effective curriculum and delivery for Kansas child welfare staff. Training System needs include: additional skilled instructional designers and trainers, increased use of appropriate technology to support learning activities and transfer of learning and continued efforts to strengthen connections to Quality Assurance and Performance Improvement. The University of Kansas, with support from Child Welfare Case Management Providers and other partners are

recipients of a Workforce Development Initiative grant award that will add benefits for training child welfare staff, supporting social work education at bachelor and master levels, and addressing statewide recruitment and retention efforts.

FY2012 Update (July 1, 2011 through June 30, 2012)

CFS continues the training contract with Children's Alliance of Kansas, Inc. to make training and resources available for child welfare staff across Kansas. No additional efforts to support blended or alternate formats have been initiated during this time period. The use of previously developed WebQuests from the Supervision in Child Welfare series were replaced by synchronous online meetings with a very low reported participation rate. This mirrors "lessons learned" reported from efforts by NRCOI and NCWWI staff to follow up online classes in the Leadership Academy for Supervisors (LAS) series with synchronous online learning activities. The asynchronous format of WebQuests is anticipated to support participants in accessing, completing and responding to materials as they are available.

While CWCMPs have continued to be able to make staff available to attend TOT's and deliver training, this has been a significant challenge for CFS. As reorganization efforts are completed, a request was initiated in March 2012 for trainer development curriculum to be updated to make it available for building this capacity as Regions and Central Office identify staff to support training delivery.

SRS has continued work with KDHE to improve our use of the KS TRAIN LMS to make online courses available for CWCMP staff and other community partners who are unable to access online courses through our Pathlore LMS. Four courses have been posted to KS TRAIN during this fiscal year: **The Period of Purple Crying, Reporting Suspected Child Abuse or Neglect for Mandated Reporters, Using the Title IV-E Checklist to Review Court Orders, and CFS Policy and Procedures Venue – January 2012 Changes.**

Due to limited availability of staff with instructional design background, a request was made within SRS for additional support from staff with Strategic Development. This request was accepted and four course development projects have been prioritized to move forward. CFS staff have continued to consult with Strategic Development staff while updating course materials for system training (KIDS, KIPS) with the use of Camtasia, a program that is used to create videos of interactions in system environments for on-demand interactive training.

CFS continues to maintain representation on the Advisory Board for the Kansas Workforce Initiative.

FY2011-Update

CFS continues the training contract with Children's Alliance of Kansas, Inc. to make training and resources available for child welfare staff across Kansas. These efforts support blended or alternate formats to make the training more accessible. Children's Alliance of Kansas and the Child Welfare Case Management Providers partner with the University of Kansas staff involved with the Workforce Development Initiative grant. In this past year a Child Welfare Scholars Program was initiated in the grant. The Provider agencies identified current employees who received stipends to continue higher education in social work programs. Fifteen employees from the Provider agencies participated in this first year of the Scholars Program funded by the Workforce Development Initiative by returning to or continuing their social work education.

Initial Staff Training (Pre-Service) Please see Attachment 31.

The Kansas Child Welfare Training System is both enhanced and challenged by our public/private partnership as we collaborate to face challenges related to resources – allocation, recruitment and retention of qualified staff, and consistent training development and funding delivery on a statewide basis. As each Child Welfare Case Management Provider Agency may employ a different practice model, consistency in practice is gained through commitment of each child welfare partner to the goals of Safety, Permanency and Well-Being and through the use of common practice principles (family-centered, strengths-based, culturally responsive, family involvement, accountability and community based services) that have been embedded in contracts and training content. Opportunities to improve sharing of resources and address needs for continuous improvement continue.

SRS remains responsible for developing and delivering training to meet the development needs of SRS employees, as well as providing support for Child Welfare Case Management Provider Agency staff to attend training in key skills that contribute to the goals of Safety, Permanency and Well-Being for children in Kansas. Through contracts, grants and incentive funding, SRS works to strengthen the network of resources available to meet these needs.

Pre-Service Training for SRS Children & Family Services staff: Please see Attachment 31. One Central Office and 1 Regional Office trainer completes the classroom training. : Social Workers employed by Social & Rehabilitation Services, Children and Family Services are required to have at a minimum a Bachelors in Social Work and licensure at the BSW level in Kansas. This provides a baseline of an undergraduate Social work degree obtained through a college or university program accredited by the Council on Social Work Education. Graduates who have not completed licensing may be temporarily employed as Special Investigators or as Social Workers under a temporary license for up to six months pending full licensure; with reclassification as Social Work Specialists at the point of full licensure.

SRS Social Work Specialists, Social Workers (6 months or less experience) and Special Investigators are all required to complete Initial Staff Training. This includes pre-service training requirements (prior to caseload assignment) and training that must be completed within 90 days of entering a position. One example is PASSPORT, adapted from CalSWEC as a way of standardizing and documenting early On-The-Job training and relationship-building for staff new to SRS. We are seeing increased success in adoption and use of this tool and will continue to provide support for supervisors as they use this with new staff. Online support resources will be provided, to include regional examples of use and help with challenges.

FY2012 Update (July 1, 2011 through June 30, 2012)

Pre-Service Training for SRS Children & Family Services staff:

There have been minor updates to pre-service courses for most SRS Children & Family Services staff to support fidelity in delivery, address policy changes, or make use of new resources.

The online **All About CFS Intakes** was updated to include examples from the KIPS System. Between July 1, 2011 and April 30, 2012, 73 participants completed this course.

The online **Customer Service & the Telephone** is a pre-service requirement for all PRC and Regional CFS staff. Between July 1, 2011 and April 30, 2012, 131 participants completed this course.

KIPS (Kansas Intake/Investigation Protection System) Training was been provided for all PRC and Regional CFS staff as the system was implemented in FY2010. Now delivered primarily one-on-one, this

series of courses (specific to PRC, CFS and APS staff) continues to make use of the recorded examples created for the original set of classes. These recordings are now being re-developed to reflect changes that have been made to KIPS and are expected to be available by September, 2012.

The **Child Abuse and Neglect** course from the BFF Series was added to the Pre-Service requirements for Social Work Specialists and Special Investigators in Regional offices, effective May 2012. This course has been completed as a prerequisite for Interviewing Skills for Child Welfare by 48 participants between July 1, 2011 and March 30, 2012.

The re-development of a pre-service requirement for PRC Intake workers, **The Intake Link: Advanced Skills for Stronger Protection Connections** into a blended format has been delayed due to resource limitations, and is expected to be ready for use in June, 2012. In this new blended format, participants will complete online and workbook activities individually and then complete activities and consultation with their supervisor.

The Critical Link: Decision Making Skills for Protection Report Center Social Workers, a pre-service requirement for PRC Social Work Specialists was updated to reflect policy changes and delivered one time to 7 participants.

A prerequisite activity was added to **Investigation and Assessment**, allowing participants to review policy and definitions specific to investigation and assessment, beginning with the January 2012 class. This change has improved the early introduction of abuse and neglect definitions and the policies for staff new to the program and has supported needed class time for learning activities. This class has been delivered 7 times between June 1, 2011 and April 30, 2012, to 59 participants.

KIDS (Kansas Information Decision Support) Training has been delivered in Regions for all new Social Work Specialists and Special Investigators. Re-development of the recorded examples used to support fidelity for KIDS Training continues, with these examples completed using Camtasia. Delivery will continue to be facilitated in a PC Lab, using the recorded video examples and allowing participants to practice in the KIDS training region. A new course, Interviewing Children: Getting More with Less, is a new pre-service requirement and prerequisite to attending Interviewing Skills for Child Welfare.

Introducing Child Welfare in Kansas Today has been delivered 3 times between July 1, 2011 and March 30, 2012, to 38 participants. Some updates have been made to this curriculum to strengthen an emphasis on the use of effective engagement skills, trauma informed and family centered practice, including self-care related to secondary trauma, ICWA requirements and the impact of abuse or neglect on child development.

The online **CFS Safety Intervention System Fundamentals**, available since March, 2011 is a required pre-service course for CFS Social Work Specialists, Special Investigators and Supervisors. Between July 1, 2011 and April 30, 2012, 57 participants have completed this course.

The online **CFS Safety Intervention System: Introduction to the Initial Assessment** course, a pre-service requirement for PRC Social Work Specialists only, has been available since April, 2011. Between July 1, 2011 and April 30, 2012, 6 participants have completed this course.

A pilot project using **Interviewing Children: Getting More with Less** as a prerequisite for staff attending the **Interviewing Skills for Child Welfare** course was conducted in the Kansas City Region. Between July

1, 2011 and March 30, 2012, 8 participants completed this course. As of May, 2012, this course is now the prerequisite for all staff attending the Interviewing skills for Child Welfare course (maximum seating of 12 each quarter).

The online **Reporting Suspected Child Abuse or Neglect for Mandated Reporters** course was deployed in February 2012 and is not a required pre-service course for SRS staff. Including the beta-test group and others, a total of 10 participants had completed this course by April 30, 2012. A copy of this course will be placed in KS TRAIN, where CWCBPs and other community partners will be able to access it at no cost.

Using the Title IV-E Checklist to Review Court Orders course was conducted for two classes in September 2011 using LiveMeeting for 47 participants. The content was then re-developed as an online course for ongoing availability. This course will be a pre-service requirement only for staff and Regional Attorneys who determine Title IV-E eligibility. A copy of this course will be placed in KS TRAIN, where CWCBP eligibility staff and attorneys will be able to access it. Including the beta-test group and others, a total of 14 participants have completed this online version as of April 30, 2012.

The online **The Period of Purple Crying** course has been available since FY2010. Between July 1, 2011 and April 30, 2012, 33 participants completed this course. This course is a pre-service requirement for all CFS Social work Specialists, Special Investigators and Supervisors.

The online **Worker Safety: Verbal and Non-Verbal De-Escalation** course has been available since FY2010. Between July 1, 2011 and April 30, 2012, 197 participants* completed this course. This is pre-service and annual requirement for all CFS staff. *This total includes some non-CFS staff.

FY2011 Update

The online Pre-Service course for Child Welfare Case Management Provider Agency staff was updated and improved to address accuracy, engagement, interactivity and learning needs for participants. The training materials for both KIPS Training and KIDS Training are being reviewed so these can be updated and made available for Regional training use, along with new training requirements for KIPS Training participants.

Pre-Service Training for Child Welfare Case Management Provider Agency staff:

An additional area for improvement identified in the CFSR Review is the need for cross-system documentation of training, including having critical, consistent pre-service training available for all Child Welfare Case Management Provider Agency staff. This area of improvement is being addressed as a priority through a new training contract and includes: engagement, case management practices (including assessment and services), case planning and concurrent case planning, family centered practice, use of family meetings, involving non-custodial parents, meaningful visitation, increasing placement stability, quality and frequency of caseworker visits, maintaining connections with kin, culture and siblings, timely permanency and culturally responsive practices. Having a consistent pre-service training in place allows critical information and skills to be addressed, while still allowing each Provider Agency to add training specific to their agency and practice model.

Pre-Service Training for Prospective Foster or Adoptive Parents:

Funded through Title IV-E, Kansas requires PS-MAPP or Deciding Together for all prospective foster or adoptive parents. Certification training for PS-MAPP and Deciding Together Leaders, materials and support for PS-MAPP and Deciding Together classes for foster families and financial sponsorship of

selected training for foster families across Regions is provided through a contract with Children's Alliance of Kansas. Children's Alliance of Kansas assures that training is available in all Regions to reduce the drive time needed for any foster or adoptive parent to attend and provides a range of topics related to foster or adoptive care. Foster Parent on-going training that was added in 2011 included Teaching Independent Living Skills and Shared Parenting to Help Children in Foster Care Manage Their Anger. Each Child Welfare Case Management Provider Agency develops and delivers additional training funded through other sources for employees and foster or adoptive families. The CAK held two Training for Trainer sessions for Child Placing Agencies in SFY 2011. They were "Getting from Hot to Cool" and "Working with Incarcerated Parents."

Ongoing Staff Training

SRS supports ongoing training for staff through internal and contract resources, both at the State and Regional levels. At the state level, examples of these partnerships include: a Managing Knowledge series of business courses developed through Strategic Development, training for staff in Motivational Interviewing through AAPS staff, federal and regional partners, Rehabilitation Services; and additional strategic skills training for staff through Strategic Development.

At Regional and State levels, CAPTA funds are available to support meeting training needs and have been used for collaborative training with law enforcement, training on worker safety, secondary trauma, sexual abuse interviewing, physical abuse identification, and photo-documentation of injuries; as well as registration and travel for attending key conferences on child welfare topics.

Training development and delivery efforts will focus on PIP-related initiatives, implementation of a Safety Intervention System and use of distance learning or online courses and materials. Critical needs include development of replacement options for courses currently available as computer-based training, an effort that will require additional partnerships and resources.

FY2012 Update (July 1, 2011 through June 30, 2012)

The development of an online course on the Indian Child Welfare Act (ICWA) through the training contract with CAK was deferred to allow resources to be redirected to Training of Trainer activities. This on-line project is among four courses that have been accepted by Strategic Development staff to complete development and is on schedule to be completed by December 2012.

An online course, **Identifying and Explaining Parent and Alleged Perpetrator Rights**, was developed and tested in August, and deployed in October, 2011. As of April 30, 2012, 152 participants have completed this course.

The online **Children and Domestic Violence: Successful Strategies** has been available since FY 2009. Recommended as pre-service for all CFS PRC Social Work Specialist, Special Investigators and Supervisors, 38 participants completed this course between July 1, 2011 and April 30, 2012.

The Next Step (Domestic Violence: Assessing Risk, Safety and Case Planning): Parts 1 and 2 courses were delivered through our partnership with KCSDV in four rural locations across the state. Between July 1, 2011 and April 30, 2012, 48 participants completed Part 1 and 47 participants completed Part 2.

The **Building Family Foundations Series** remains available at 28 locations around the state, while re-development work continues for four selected courses from this group. This re-development will update and make these four courses available in an online format directly available in the Pathlore Learning Management System (LMS). This change will make courses more easily available and will automatically record completion on each individual's transcript.

The **Interviewing Skills for Child Welfare** course, teaching use of the National Institute of Child Health and Human Development (NICHD) interviewing protocol has been offered 4 times during the 2012 fiscal year, with a total of 48 participants completing this 4-day class. The process of making the videos of practice interviews available for the Transfer of Learning (TOL) activity with supervisors has been much improved and this shorter timeframe is having a positive impact on the use of this TOL requirement. Participants now leave class on Day 4 with their DVD's and are able to meet with their supervisor much earlier to review the protocol.

The **Teri Zenner Foundation Worker Safety and Self-Defense** course was scheduled for one class during the 2012 fiscal year, with 29 participants attending. Remaining available seats offered to a CWCMP in the area but these seats were not filled.

Involving Fathers in the Child Welfare System was delivered 5 times between July 1, 2011 and March 30, 2012, with 55 participants attending.

Working with Families Separated by Incarceration was delivered 7 times between July 1, 2011 and March 30, 2012, with 113 participants attending.

Effectively Engaging Families and Youth in Case Planning and Case Management, Module 1 was delivered 1 times between July 1, 2011 and March 30, 2012, with 17 participants attending.

Having Difficult Conversations was delivered 6 times through March 2012 for 86 participants.

Getting to Hot When People Get Cool: Therapeutic Crisis Resolution in Social Services began with a TOT on August 18, 2011 for 16 participants and was then delivered 2 times through March 2012 for 15 participants.

A TOT for NSCACW's series: **Helping Child Welfare Workers Support Families with Substance Use, Mental and Co-Occurring Disorders** was completed in March 2012 for 7 participants. This series includes 6 separate Modules of 3 hours each and can be scheduled individually, in pairs, or as a group for a total of 18 classroom hours. Scheduling has started with the first classes beginning in June, 2012.

FY2011 Update

Progress continues on the Building Family Foundations redevelopment project, with video and narration completed for all four courses. Updating for the Professional Development (Social Work Ethics) course is currently under way and video editing will begin as those files become available.

MECAN courses continue to be available through KS TRAIN, with reports of completions available and addition of this data to the Pathlore LMS. Consultation with Dr. Kathryn Melhorn resumed in March and this information is being included as each course is developed in a new software program. Once finalized and approved by Dr. Melhorn, these courses will be available for staff through both Pathlore

LMS (for SRS staff) and KS TRAIN (for Child Welfare Case Management Provider Agency staff.) SRS provides or supports training through contracts with Children's Alliance of Kansas, Finding Words Kansas, Kansas Children's Service League, Kansas Coalition on Sexual and Domestic Violence, Families Together, Kansas Legal Services and Child Welfare Case management Provider Agencies. We utilize technical assistance to develop additional training resources and partner with other state agencies such as the Office of Judicial Administration.

SRS supports and participates in planning of several statewide Conferences, including:

- Governor's Conference for the Prevention of Child Abuse and Neglect
- Excellence in Supervision Conference
- Kansas Foster and Adoptive Parent Conference

Training for Supervisors and Managers

The use of peer review and critical thinking has been incorporated into several courses, including Case Finding Peer Review for Supervisors. Additional opportunities and supports for peer review will be explored.

Strengths-Based Group Supervision is one of the courses available for both SRS and Child Welfare Case Management Provider supervisors. Following training, use of group supervision has been implemented in some Regions for work with CFS staff units, new employees, and students in practicum placements. Designed for broader use than staffing case findings and identifying resource options, group supervision is intended to provide peer teaching, support and to address issues of compassion fatigue or traumatic stress.

The Supervision in Child Welfare Series developed through a previous contract for training development and delivery with KU Child Welfare Resource Network was implemented for four groups (two with CFS and two with Child Welfare Case Management Provider Agencies) during FY2009. Feedback for content and delivery from this pilot effort is being assessed to identify strengths and opportunities for improvements. One area of strength already identified was the additional resource of an online emotional intelligence assessment for each participant, with review and personal consultation with someone certified for the Bar-On assessment tool. Data collected was included as a comparison group in a broader Agency study focused on retention and succession planning. The goal is to identify critical emotional intelligence competencies for leadership success that may be useful in identifying leaders and succession planning. This information will be included in review for the developmental competency model project. A second area of strength included in the design of this series and partially implemented is the use of WebQuests to provide easily accessed, brief learning resources to participants prior to and following each course to support transfer of learning and use of action research. This method minimized classroom time while providing accessible learning opportunities.

The Excellence in Supervision Conference returned to a fall schedule in September 2009 has continued to be held in the fall since then and will be offered in conjunction with the kick-off of the Workforce Development Initiative, strengthening the link to recruitment and retention efforts.

FY2012 Update (July 1, 2011 through June 30, 2012)

Case Finding Peer Review was delivered 3 times between July 1, 2011 and March 30, 2012 with a total of 39 participants attending.

Overview of Interviewing Skills, Part 1 and Part 2 was offered by Centra one time between July 1, 2011 and April 30, 2012, with a total of 7 participants attending.

Strengths-Based Group Supervision was delivered once between July 1, 2011 and March 30, 2012, with 11 participants involved. We are considering ways to make this course available for supervisors as a refresher, incorporating tasks involved when supervising at a distance.

The **Supervision in Child Welfare Series** was delivered in two locations, with dates spanning FY2011 and FY2012. The last two of the five courses in the series were delivered between July 1, 2011 and March 30, 2012, with 2 supervisors from SRS and 5 supervisors from CWCMPs involved as participants. We were unable to make the Bar-On emotional intelligence assessment tool and consultant available for these groups and will continue to look for options to make that available in the future.

The **2011 Excellence in Supervision Conference** was held September 21 & 22, 2011 in Wichita, featuring a pre-conference on management skills and a day with two tracks of workshops.

Planning for the **2012 Excellence in Supervision Conference**, to be held September 19 & 20, 2012 in Manhattan, is underway.

FY2011 Update

Training for supervisors and managers has resumed in September, 2009 with classes scheduled for the Supervision in Child Welfare Series and Strengths-Based Group Supervision.

The Excellence in Supervision Conference, September 15 & 16, 2010 in Salina featured a Keynote with Dr. Kay Farley Rauth on Day One, followed by 9 workshops (in 3 concurrent tracks). Day Two featured a workshop with Dr. Sandra Bloom on addressing Secondary Trauma within organizations.

Planning for Excellence in Supervision Conference, September 21 & 22, 2011 in Wichita began on schedule and the Institute presenters have been identified and confirmed. Proposals from potential workshop presenters are currently being reviewed.

Content and Quality of the Training

Content for each course continues to be reviewed every six months or as policy or practice changes are introduced, addressing opportunities to improve use of adult learning and instructional design principles. CFS continues to use a preview model for course materials, delivery method and delivery plans to gain feedback from CFS Central Office and Work Group or Field Representatives prior to implementation. As each new training course is developed, the curriculum is shared with CFS for approval and CFS attends the Training of Trainers to provide feedback and assess the training delivery. We continue to work with training and contract delivery staff to use a standardized format for participant materials, trainer's guides and materials as these are developed and updated. This standardized format supports knowledge management as personnel changes take place and are being used to support transition for several courses to delivery by Regional staff. This standardization will continue to be used as a tool to address fidelity in delivery of courses.

The quality of training delivery is being addressed through training, co-training models, coaching and feedback for trainers. A program of certification for Regional trainers is in development as they assume some responsibilities for training delivery. Trainer Observation and Feedback forms adapted from the University of Kentucky-Louisville and Iowa Department of Human Services continue to be useful for identifying trainer development needs and address training fidelity.

FY2012 Update (July 1, 2011 through June 30, 2012)

We continue to participate in reviews of training curriculum and expect to re-instate a practice of holding a “walkthrough” for new courses (both CFS and those developed or purchased through our Training Contract with CAK) prior to implementation so changes in emphasis, content or direction can be made. We continue to work on improvements to actual training materials, capturing documentation of training/learning efforts and engaging regional staff in the delivery and support of courses. Improvements in supporting fidelity in content and participant-based delivery and having changes reviewed by more than one individual have been made.

FY2011 Update

As training is updated and developed, CFS continues to provide technical assistance and use a preview model for course materials, delivery method and delivery plans to gain feedback from CFS Central Office prior to implementation. CFS Central Office also participates in reviews of training by the training contractor. We continue to work with training and contract delivery staff to use a standardized format for participant materials, trainer’s guides and materials as these are developed and updated. This standardization will continue to be used as a tool to address fidelity in delivery of courses.

Strengthening Connections between Training and Performance

SRS is committed to using feedback and data collected through Performance Improvement and Quality Assurance efforts to improve and develop training for staff. This will include identifying data items connected to Safety, Permanency and Well-Being outcomes and assessing the impact and effectiveness of training. Development of a formal feedback process to target effective design, implementation and follow up of training will be implemented. Continued and extended use of evaluation is expected to provide more accurate information about the impact of training on job performance.

- Level One Evaluation data is collected for all Initial Staff Training courses whether delivered online or face-to-face. The results of these evaluation tools are reviewed and used to identify points of improvement for training content or delivery. One item on these Level One evaluation tools is used to survey for additional training needs and interests of staff, contributing to the training needs assessment for the system. Additional items collect feedback on the appropriateness of the audience for required courses. This feedback continues to be helpful in identifying agency, provider or community partners who may be invited to future classes, as well as helping to identify instances when requirements for attendance may have been too broadly set.
- Level Two Evaluations using embedded evaluations to observe and assess participant ability to use specific skills are in place to focus on key concepts for each course offered. While pre- and post-assessment tools are in use for some courses, we plan to implement use of technology to assess understanding during courses and capture this data for individual feedback. Contact with

Performance Improvement will help create a feedback loop for specific elements that connect to training content and CFSR Outcomes.

- Level Three Evaluations will be used for specific courses and include tailored Transfer of Learning activities. Our intent is to actively engage front-line supervisors in supporting transfer of learning and application of skills and information to practice in the field. An extensive Level Three evaluation is now in use for Interviewing Skills for Child Welfare. Level Three evaluation and Transfer of Learning tools will be developed for additional courses.

The major Program Improvement Plan strategies are to provide pre-service training statewide for agency and contract case managers and supervisors that will improve core competencies in case management, case planning and the court processes. PIP strategies are still utilized.

FY2011

Updates, development and TOT's have been completed for the Supervision in Child Welfare series, Working with Families Separated by Incarceration, and Father Involvement and these courses are now being scheduled for staff in Regions. As training dates are established, these are added to the Pathlore LMS and to the CFS Training Calendar and announcements are shared with Regions.

Training Reimbursement

Currently the State of Kansas is claiming 75% IV-E training reimbursement for allowable training for state staff and PS-MAPP, Deciding Together and specialized training for foster parents providing care to children in the Custody of the Secretary. Fostering Connections to Success and Increasing Adoptions Act of 2008 made changes to IV-E training allowing additional categories of both training and training participants to be claimed at an enhanced rate, adjusting annually until FFY 2013 when all short term training will be reimbursed at the 75% rate paid for state staff. To claim at the enhanced training rate, methodology was added to the PACAP, additional training information was added to the state plan, additional training and participant documentation is being gathered for both agency and provider training.

The agency has three unique sources of IV-E Training expenses. Below is a brief description of how each is claimed.

- 1) Agency Staff – qualified training expenses are identified through the Agency Cost Allocation Plan (CAP) as identified by the Random Moment Time Study (RMTS). Direct expenses are claimed at the 75% rate and indirect expenses are claimed at the 50% rate consistent with the CB496 Instructions. These expenses are then subjected to the IV-E penetration rate and candidacy rate as needed.
- 2) Child Welfare Contractor Staff – qualified training expenses are identified through the CW Contractor Random Moment Time Study (RMTS). These results are then applied to the contract costs. Effective 01/01/2011, these expenses were claimed at the transitional rate. However, because direct expenses cannot be distinguished from indirect expenses, all training costs will be claimed at only the 50% rate beginning with the quarter ending 09/30/2011. Additionally, the agency will be doing prior quarter adjustments to claim only the 50% rate for the quarters ending 03/31/2011 and 06/30/2011. These expenses are then subjected to the IV-E penetration rate and candidacy rate as needed.

- 3) Training Contracts – the payment process begins with receipt of invoices from the contractors that identifies the number of attendees by category. Costs allowable at the 75% rate vs. the transitional rate are allocated in proportion to the number of attendees falling into each category. For example, the portion of costs proportionate to the number of agency staff, foster parents, and adoptive parents is charged at the 75% rate. The portion of costs applicable to attendees qualifying for the transitional rate is charged at the transitional rate. The IV-E penetration rate is then applied to these costs.

CONSULTATION AND COORDINATION BETWEEN TRIBES AND STATES

There are four federally recognized Native American tribes located in the state of Kansas. The Iowa Tribe of Kansas and Nebraska is located in Brown and Doniphan counties in Kansas. The Kickapoo Tribe in Kansas is located in Brown County. The Prairie Band Potawatomi Nation is located in Jackson County, and the Sac and Fox Nation of Missouri is located in Brown County. Each tribe has its own Social Service Department that addresses the full range of child welfare issues occurring on the Reservation and with tribal members living near the Reservation. If a child living on or near the Reservation comes into Tribal custody the Tribal Court Judge presides over all child welfare matters related to the case.

The Memorandums of Understanding (MOU) with each tribe (Attachments 35-38) describe the measures taken by the state to comply with the Indian Child Welfare Act. The MOU's are reviewed annually. Attachments 37 and 38 are not signed as PBPN and Sac and Fox have not returned the signed MOU's as requested. DCF made reasonable efforts to obtain signatures on these documents. Sac & Fox's tribal chairperson recently requested to meet with the Secretary's office prior to signing the MOU. PBPN continues attempts to obtain the signature and agrees to send it back to our office after signing. We will continue to work with the tribes on getting them signed.

The MOU affirms the state's commitment to prevent unnecessary removal of Indian children from their caretakers, and to secure an emergency placement with an Indian relative or an Indian foster home whenever possible, if placement becomes necessary.

SRS internally reviewed the MOU's in February 2011. During the March 2011 tribal visits, a draft was provided to each tribe for review. Significant changes were discussed. CFS requested the tribes to send additional comments from tribal members (such as tribal council), within 2 weeks. Additional meetings, via telephone conference calls were held with Sac and Fox during the year to discuss the comments. It was discussed again during the Sac and Fox tribal visit in March 2012. Due to staff changes at PBPN, the MOU was discussed again at the 2012 March tribal site visit, at which time, CFS requested the tribal chairperson's signature on the MOU, and the MOU be sent to CFS as quickly as possible. The MOU outlines with each tribe the understanding that the respective tribal social service agency has been designated by the tribal government to provide child welfare services to the children and families of the tribe on or near the reservation. In addition, each MOU states SRS is the single state agency designated for the purpose of receiving and distributing federal funds for the protection of children, prevention of child abuse and neglect, the provision of safe and stable homes for children throughout their minority and the implementation of all applicable state and federal child welfare laws.

The MOU outlines with each tribe the policy of SRS to involve Indian tribes and organizations at the earliest possible point in social service intervention with Indian families whether the Indian children are from the Tribes based in Kansas or from tribes based outside Kansas. The purpose of such involvement is to:

- Facilitate communication with the Indian family,
- Prevent unnecessary removal of Indian children from their caretakers.
- Secure emergency placement with an Indian relative, or an Indian foster home whenever possible.
- Assist with the notification requirements of the Indian Child Welfare Act,
- Assist in securing reliable identification of Indian children, and
- Assist in the placement of Indian Children in appropriate homes.

The MOU outlines the understanding between SRS and the tribal government in relation to the identification of tribal children and tribal affiliation, children in need of care assessments, services to prevent out of home placements, the decision to petition, transfer of jurisdiction, adoption, funding for Indian children in foster care and licensing requirements for foster homes.

Identification of Indian Children and Tribal Affiliation

The State of Kansas operates a child welfare service system which contains the seven systemic factors required by the Social Security Act. Indian children, in the custody of the Secretary of SRS receive the same benefits as other children; which includes: the statewide information system, a case review system for each child receiving foster care under the supervision of the State, a service program designed to help children, where safe and appropriate, to return to families from which they have been removed or be placed in a permanent placement, and a pre-placement preventive services program designed to help children at risk of foster care placement remain safely with their families.

SRS considers that a child is an Indian child if any party to the case, any person, Indian tribe, Indian organization or public or private agency informs the worker that the child is a member of an Indian tribe or is eligible for membership in an Indian tribe or is the biological child of a member of an Indian tribe. Upon receipt of a complaint or referral pursuant to the Code for Care of Children, regarding a child whom SRS social workers know or have reasonable cause to believe is a member of a tribe in Kansas or the child of a member and eligible for membership, the social worker will contact tribal social services of the respective tribe regarding the child.

The CFS-1000 Intake form requests ethnic/tribal information for the child(ren) at the time of intake. The YA-2300 form requests medical and genetic information on the child and his/her parents. It must be completed for each child at the time they enter foster care. The judicial council packet includes specific forms for Indian children to facilitate compliance and understanding. Information is collected in the Kansas Intake Protection System (KIPS) and Family and Child Tracking System (FACTS).

Services provided through the child welfare grants

The comprehensive Social Service Grants with all four tribes for Child Protective Service, Family Preservation and Foster Care Services are funded through State General Funds (SGF). Independent Living services are funded through Chafee. Regular contact with Tribal staff is conducted through scheduled meetings made directly by CFS staff for coordination of child welfare services. Each tribe submits a quarterly program report reflecting the number of tribal families and children served. Each program report is reviewed by the CFS CO program manager. The regional tribal liaison is available for consultation regarding case specific child protective services and foster care cases. The regional tribal liaison participates in site visits as requested.

Child Protection Services Tribes will conduct investigations on reports received from the community regarding the alleged abuse or neglect of children. Upon completion of the investigation, the tribal worker will file, if necessary, petitions to the court, refer the family for services, or close the case. If during the investigation, the perpetrator is substantiated, the tribal worker will forward the information to the Northeast Regional office for inclusion in the Child Abuse and Neglect Registry.

Family Preservation Services Tribes will provide prevention services to families at risk of child removal with the goal of maintaining the family unit and preserving tribal connections. A family support worker may also be utilized in this program. The services in this program range from intensive direct services to referrals to community resources. The primary goal of this program is to assist families and to help them to learn how to access resources and informal support systems independently of government involvement. Each tribe is required to submit a quarterly program report which provides data concerning the services and number of families/children served.

Foster Care Services Tribes provide services to assist youth in need of out-of-home placement. A family support worker may also be used in this program. Each tribe is responsible for the staff hired to provide the services, which may include a tribal support worker. The services include case management, placement of children in approved relative homes or licensed foster homes by the tribe, in conformance with placement practices of ICWA, case planning, reporting to the court on the progress of the case, assisting with child care costs, and the direct provision of or referral to services to the family and child to assist in reintegration. This service may also be used to provide any out-of-home needs of children who are unable to be returned to their family of origin, such as adoption, custodianship, or another planned permanent living arrangement.

Independent Living Services. Tribes assist youth who are age 15-21 and in custody pursuant to an order of the tribal court. The services provided in this program include any service to promote the youth's independence, including subsidy, adult education classes, independent living classes, and assistance with obtaining job skills. Life Skills Services provided by tribal workers are identical to those provided by the child welfare contractors.

Chafee program benefits are available to Tribal youth on the same basis as they are to other youth. Tribal staff are aware of the programs and benefits. Independent living services are delivered to tribal youth under custody of the tribal authority by social work or other support staff as designated by each tribe. These services are reported in the quarterly program reports. Services and transitional planning for youth who have been released from tribal custody are provided in coordination with SRS IL and tribal staff. All youth under tribal jurisdiction are eligible for services and supports through Chafee on the same basis as other youth. Comprehensive Social Service Grants including Independent Living services are provided to all four tribes to provide child welfare services to tribal youth in their jurisdiction. Regular contact with Tribal staff is conducted through scheduled meetings made directly by CFS staff to tribal staff for coordination of child welfare services. All youth currently in out of home care or custody are informed of program eligibility and resources by contractor, JJA, Tribal and SRS staff at case planning conferences. Tribal youth are invited to participate in the CFS Computer Camps and the annual summer youth conference. Five tribal youth attended computer camps. Four tribal youth attended the summer conference.

Consultation with the Tribes Training on the Indian Child Welfare Act (ICWA) is currently included in Introducing Child Welfare in Kansas Today, a pre-service course delivered to all DCF Social Work Specialists and Special Investigators. This course is open to CWCBS Provider agency staff.

An online course on the Indian Child Welfare Act is scheduled for development during SFY 2012. This course will be available through Pathlore for DCF staff and through KS TRAIN for CWCBS Provider agency staff and other community members.

PPS includes questions regarding ICWA compliance in case read protocols. They include:

Question #25 - Was a sufficient inquiry conducted with the parent, child, custodian, or other interested party to determine whether the child may be a member of, or eligible for membership in, an Indian tribe? Performance from FY10Q2 through FY12Q2 has been 97.6%.

Question #26 - If the child may be a member of, or eligible for membership in, an Indian tribe, during the period under review, was the tribe provided timely notification of its right to intervene in any State court proceedings seeking an involuntary foster care placement or termination of parental rights (TPR)? Performance from FY10Q2 through FY12Q2 has been 69.2%.

Question #27 - If the child is a member of, or eligible for membership in, an Indian tribe, was the child placed in foster care in accordance with the Indian Child Welfare Act (ICWA) placement preferences or were concerted efforts made to place the child in accordance with ICWA placement preferences? Performance from FY10Q2 through FY12Q2 has been 63.5%.

An analysis of the case read questions occurs regularly, as noted on page 110 in the section on the Quality Assurance System. During the last 4 quarters, Question 26 has been applicable in only 122 of 1254 cases and Question 27 has been applicable in 71 of 1254 cases. Through review by the Case Review groups and the Permanency Advisory Committee, new check boxes were added to case plan forms and the Acknowledgement of Referral form in July 2012 as cues to help workers remember to address these issues. There is no data available yet regarding the success of these actions.

When possible, SRS strives to inform the tribes of the state budget process and any proposed cuts in CFS. State general funds allocated for tribal child welfare services had been protected through repeated and significant cuts to the CFS budget. When additional budget cuts were required for FY 2011 and the state general funds allocated for tribal child welfare services could no longer be protected, calls were made to each tribe by the SRS CFS Director and Deputy Director. When SRS was forced to propose elimination of the state general fund tribal allocations for Fiscal Year 2012, each tribe was timely notified of the proposal. The consultation resulted in an exchange of information about the state budget process including the opportunity to appeal and be heard. As a result of the consultation with the tribes, the state general fund tribal allocation was partially restored. The reduction for Family Preservation was restored to 50% and foster care to 85% of the Fiscal Year 2011 state general fund tribal allocation. A 3% reduction occurred for the Fiscal Year 2012 for all state general fund allocations.

Tribal social services staff members, other than the Sac and Fox, have been involved in focus groups for the development and writing of the Program Improvement Plan and through their membership on the Kansas Child Welfare Quality Improvement Council (KCWQIC). Recent meetings between State CFS and

tribal staffs were held during the spring of 2010, March 2011, and March 2012. Each tribe was provided information about KCWQIC and was invited to participate.

During the spring of 2010, state staff met with the Program Director, Child Welfare Services Case Manager and Youth Program Director at PBPN social services, with the Tribal Chairperson, Project Directors, several tribal members and staff at Native American Family Services and new Social Service Director at Kickapoo and Executive Director and ICWA Social Service Director at Sac and Fox Social Services.

During the tribal site visits in March 2011, CFS staff met with the Kickapoo's Social Service Program Director; Sac and Fox's Executive Director and ICWA/Social Service Director; PBPN's new Director of Social Services, Tribal Attorney, new Foster Care Social worker, student intern and Director of Finance and NAFS Project Director, Fiscal Officer/Grants Contract manager and new Case Manager of Home Services. The Northeast Tribal SRS liaison was present at the Sac and Fox and NAFS site visits. The purpose of the meeting is to facilitate on-going tribal and state partnerships for the provision of tribal child welfare programs and to offer technical assistance. The site visit includes a tour of the tribal social service agency, meet new tribal staff, answer questions and provide information. Each tribe was given a draft copy of the annual state plan update and draft of the MOU for review, discussion and comments. The fiscal budget amendments for FY 2012, Chafee requirements, and the National Youth in Transition Database (NYTD) were discussed and provided. The tribes report updates about their programs and ask questions during the site visit. The tribes may ask program questions any time during the year. For example, during one site visit, the tribe had questions about Medicaid eligibility for tribal youth placed with a tribal relative caregiver. The state reviewed the initial journal entry, provided feedback to the tribe about the language and clarified the youth's eligibility for a medical card.

PBPN has an approved Title IV-B plan and were considering their options to obtain Title IV-E funding. PBPN shared their tribal plan with SRS.

The Kickapoo tribe sought assistance from the Regional ACF to begin applying for Title IV B & E funding. The Kickapoo Social Service Director remarked the Tribal Council would make the final decision with the application for Title IV-E funding.

Update for FY 2012: CFS is in regular contact with the tribes through emails, telephones calls, requested meetings by the tribes and an annual site visit to each tribe. In March of 2012, SRS conducted the annual site visits with each tribe. The Northeast Tribal SRS liaison was present at the PBPN, Sac and Fox and NAFS site visits. She was unable to attend the site visit with Kickapoo. The liaison attends the annual site visits as her availability allows, and assists the tribes with any intake and assessment issues/concerns.

The Kickapoo Tribal Council requested meeting with the SRS CFS staff "to ensure that meetings with officials are productive in a manner that meets tribal program/department needs as well as the overall mission of the Tribe". SRS CFS staff met with two Kickapoo Tribal Council Chairmen, the Social Service Interim Director and Tribal Administrator as requested, prior to the scheduled meeting with the Kickapoo Social Service Interim Director. The decision had not been made concerning whether the tribe would apply for Title IV-E funding through ACF or SRS at the time of the on-site visit.

A tribal chairman, the new Executive Director and ICWA/Social Service Director were present at the Sac and Fox annual on site visit/meeting. CFS is providing information to the Sac and Fox Tribe to assist the

tribal social services department with their request for a IV-E agreement. The discussion includes the Title IV E requirements including data collection, reporting, and how the process would work. As of this writing, there is still on-going discussion about this process.

PBPN's new Director of Social Services, two new Foster Care Social/ICW Social Workers, the new Educational Coordinator and new Child Welfare Manager were present at the PBPN annual on site visit. During the annual on site visit in 2012, PBPN discussed having worked with the ACF Region VII directly and are ready to implement the Title IV E program.

At the site visit with NAFS, the Fiscal Officer/Grants Contract manager and Case Manager of Home Services were in attendance, the tribal board member was unable to attend as previously planned. NAFS indicated they were not interested in Title IV E at this time.

The following information was provided at each tribal on-site visit:

1. SRS Kansas Youth Advisory Council (KYAC) Independent Living Services upcoming events; an invitation was extended for the tribal youth to attend events and /or participate on the KYAC;
2. Website links were provided for the current SRS Comprehensive State Plan and SRS Policy and Procedure Manual (PPM), along with the dates of when the PPM updates/changes go into effect along with the time period for comments for the proposed changes, revisions and/or clarifications.
3. Review of the State Plan is on the agenda and discussed when DCF meets with the Tribes. The tribes were informed a draft copy of the SRS State Plan Tribal Consultation section would be sent for tribal review and comments when updated prior to the current year submission. A draft copy was emailed to each tribe on June 14, 2012 for review and comments were due by close of business on June 21, 2012. There were no comments received from any of the tribes. The link for the state plan was provided at the annual site visits. In the future, DCF plans to allow more time for final comments.
4. Discussions concerning Title IV-E.
5. Information concerning the Kansas Child Welfare Quality Improvement Council (KCWQIC) and invitation for tribal representation; PBPN and Kickapoo expressed interest in participation and plan to send tribal representation to the meetings. An Iowa Tribal member attended the KCWQIC meeting held in May 2012.

PHYSICIANS AND APPROPRIATE MEDICAL PROFESSIONALS

State of Kansas Health Oversight and Coordination Plan

SRS has collaborated with the Kansas Health Policy Authority (KHPA) to plan and ensure the implementation of ongoing oversight and coordination of health care services for any child in the child welfare/foster care systems. While SRS has primary responsibility for the child welfare/foster care systems, and also for the public mental health and substance abuse treatment systems, KHPA is the designated single state Medicaid agency and has primary responsibility for physical health care. Because of this unique structure, much care has been taken to ensure coordination and collaboration in service development and oversight, as well as in ongoing monitoring of services for these youth.

In SFY 2012, KHPA moved to the Department of Health and Environmental Services, and became the Division of Health Care Finance (DHCF). Partnerships have been maintained between SRS and DHCF, and collaboration and coordination continues. Requests for Proposals have been posted by DHCF for a new

managed care system, called KanCare, to begin in January, 2013. Three contractors operating statewide will give participants a choice of coverage. The disabled and elderly, who generally need long-term services, will be included in the contracts. This includes behavioral health services for children.

KHPA manages KAN Be Healthy (State of Kansas EPSDT Program), which is a mandatory component of Medicaid services for Kansas youth. Some highlights of that program include:

- The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) service is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. EPSDT was defined by law as part of the Omnibus Budget Reconciliation Act of 1989 (OBRA 89) legislation and includes periodic screening, vision, dental and hearing services. In addition, section 1905(r)(5) of the Social Security Act (the Act) requires that any medically necessary health care service listed at section 1905(a) of the Act be provided to an EPSDT recipient even if the service is not available under the state's Medicaid plan to the rest of the Medicaid population.
- All children in Kansas who are Medicaid eligible are able to utilize the benefits in the KBH program, including youth served through managed care programs. Kan Be Healthy covers children from birth through age 20 (Title 19 or through age 18 in Title 21), and includes preventative health care and other medically necessary services.
- The Kansas Chapter of the American Academy of Pediatrics (KAAP) works with the State Program Manager to provide updates, make requests and assist in design of best practices for the KBH Program.

In addition, both KHPA and SRS work with an "ABCD+" grant project that is currently focusing on effective ways to consistently identify potential mental health treatment needs and connect to mental health treatment resources. The goal of this focused effort is that a standardized mental health screening will be completed, scored and interpreted at KBH physician visits, with follow up identified and referrals documented.

- KBH Coordinator functions are handled through HP Enterprise Services, the fiscal agent for Kansas Medicaid. These functions include but are limited to: responding to both consumers and providers of KBH services; maintenance of the KMAP-KBH Website and link, and; conduction of provider reviews and subsequent follow-up.
- The 12 KBH Screening Standards are:
 - Medical History – including a mental health component.
 - Physical Growth
 - Comprehensive Developmental History and Screening – including a mental health component, and specifically focusing on the "ABCD+" grant project elements as noted above
 - Complete Nutrition Screen
 - Comprehensive Body Systems Screening
 - Health Education and Anticipatory Guidance
 - Blood Lead Screening
 - Appropriate Laboratory Screening
 - Appropriate Immunizations related to Health History and Age
 - Appropriate Hearing Screening
 - Appropriate Vision Screening
 - Appropriate Dental Screening
 - This includes an oral screen and a mouth health review, as well as the goal of assignment to a dental home by a child's first birthday.

The periodicity schedule for childhood screening follows both the American Academy of Pediatrics and that of Bright Futures. The periodicity guidelines were most recently updated in January 2008, to reflect changes made to the AAP and Bright Futures designs.

Oral Health Kansas facilitated the expansion of sites where extended care permit hygienists could perform assessments, cleanings, fluoride treatments, and apply sealants. These services are able to be performed in schools, nursing homes, Head Start, and Early Head Start sites. Additional sites included in KSA 65-1456 were the homes of children in families receiving Family Services and Family Preservation Services, and in the out of home placements for children in the custody of the Secretary of SRS or the Commissioner of JJA. Extended care permit hygienists must be experienced hygienists who have a sponsoring dentist who reviews the findings and reports. HP Enterprise Services, the Kansas Medicaid agent, continues to work to increase the number of dentists who are Medicaid providers. Kansas Department of Health and Environment through its Oral Health Services, is training pediatricians and other physicians who complete KBH assessments on how to do the oral health assessment and apply fluoride varnish. Attachment 39 is the Kansas Oral Health Plan.

A Medical Checklist tool is used to ensure a child's medical needs are addressed on an ongoing basis. Medical issues covered by the Kan-Be-Healthy screening are documented on the Medical Checklist. Additional areas that should be considered when documenting the health needs of a child at the case planning conference include but are not limited to eye and dental examinations. For Q1 2011: Question 51 During the period under review, did the agency assess the child's physical health care needs? 92% yes; Question 52 During the period under review, did the agency assess the child's dental health care needs? 85% yes; Question 53 During the period under review, did the agency ensure that appropriate services were provided to the child to address all identified physical health needs? 89% yes; Question 54 During the period under review, did the agency ensure that appropriate services were provided to the child to address all identified dental health needs? 75% yes; Question 55 Did the agency assess the child's mental/behavioral health needs? (Including substance abuse issues) 99% yes; Question 56 During the period under review, did the agency provide appropriate services to address the child(ren)'s mental/behavioral health needs? (Including substance abuse issues), 98% yes. In Q2SFY2012, results of the medically related questions were:

- Q51 - 88.1%
- Q52 - 90.5%
- Q53 - 91.4%
- Q54 - 82.8%
- Q55 - 99%
- Q56 - 95.7%

Three additional questions have been added to the case read protocol. They are :

- 51.1 - If the child's first OOH placement occurred during the PUR, was a health assessment completed 30 days before or after the placement? If not, were there attempts to schedule it within 14 days?
- 51.2 - Are the child's immunizations current?
- 51.3 - During the PUR, did the placement receive appropriate medical and surgical consent forms for the child?

Results for these questions in Q2SFY2012 were, respectively, 89.5%, 96.8%, and 88.1%.

The oversight of prescription medication includes reviews of treatment plans every 3 months by CMHCs and every 30 days at PRTFs. These reviews assess the medication being given and its effectiveness. Also, some medications require blood tests at given intervals. Private physicians assess the efficacy of medications which have no known risk issues to the patient's overall health every 6 months to a year. They have to adhere to the requirements of the specific drug administered and the reaction to that medication by the individual patient if there are health risks to the patient. PRTF standards include:

Drugs or medication used for standard treatment of the resident's medical or psychiatric condition shall not be considered a restraint. Standard treatment for the resident's medical condition shall mean the following:

- Medication is used within the pharmaceutical parameters approved by the FDA and the Manufacturer for the indications it is manufactured and labeled to address, including listed dosage parameters.
- The use of the medication follows national practice standards established or recognized by the medical community and/or professional medical association or organization
- The use of medication to treat a specific resident's clinical condition is based on the resident's symptoms, overall clinical situation, and on the physician's or other Independent Licensed Practitioner's knowledge of the resident's expected and actual response to the medication.
- The standard use of a medication to treat the resident's condition enables the resident to more effectively or appropriately function in the world around them than would be possible without the use of the medication. If the overall effect of a medication is to reduce the residents' ability to effectively or appropriately interact with the world around the resident, then the medication is not being used as a standard treatment for the resident's condition.

The use of psychopharmacological medication used in excess of the resident's standard plan of care should be considered a restraint. This includes:

- Drugs or medications used to control behavior or restrict the individual's freedom of movement
- Drugs or medications used in excessive amounts or in excessive frequency
- Neuroleptics, anxiolytics, antihistamines, and atypical neuroleptics, or other medications used for calming rather than for the medications' indicated treatment
- All rules, regulations, and guidelines governing the use of restraints apply when these drugs are used as a restraint

PRTFs using psychopharmacological medications as a restraint would receive a corrective action plan by SRS Mental Health. The corrective action plan includes actions carried out by the facility to ensure that similar incidents will not occur again. Implementation of these actions is verified and documented by SRS field staff. If the required improvements are not implemented satisfactorily the PRTF would risk losing their certification as a Medicaid eligible facility.

SRS has primary responsibility for the public mental health and substance abuse treatment systems, and key components of those systems are community based managed care programs that include Medicaid

funded services for youth in the child welfare/foster care systems. The access, quality, performance management and oversight criteria for those programs all apply equally to these youth, and are monitored extensively by state staff. Oversight of those programs is shared collaboratively between SRS and KHPA, as well as consumers, family members, providers and other interested stakeholders. State Quality Committees that review key outcomes, as well as a cross agency Managed Care Oversight Group, meet quarterly to review trends and respond to system issues. Dedicated program staff meet regularly with managed care contractor staff, and also receive monthly reporting packages, to review and respond to ongoing program management as well as individual consumer grievances, concerns or program issues.

When the community based mental health managed care program was being developed, SRS identified as a key value that the provider network would be expanded to include child welfare providers. Extensive work was done with the managed care contractor to ensure that the provider network was expanded and strengthened to include child welfare-related providers. The result of that work has been a successful provider network expansion:

Kansas Health Solutions continues its priority of outreach to, and support providers outside of, the existing CMHC system. The current provider network includes these providers – in addition to the 27 CMHCs and their 1,205 directly connected mental health professionals – resulting in a provider network increase of over 118%. Data as of March 31, 2010:

| Provider Type | Number Associated With Child Welfare Provider Agencies | Number of Independent Practitioners |
|--|--|-------------------------------------|
| ARNP | 10 | 63 |
| LCMFT (Licensed Clinical Marriage and Family Therapist) | 42 | 57 |
| LCP (Licensed Clinical Psychotherapist) | 12 | 25 |
| LP (Licensed Psychologist) | 0 | 1 |
| LPC (Licensed Professional Counselor) | 48 | 39 |
| LCPC (Licensed Clinical Professional Counselor) | 12 | 42 |
| LCSW (Licensed Clinical Social Worker) | 0 | 10 |
| LMFT (Licensed Marriage and Family Therapist) | 31 | 42 |
| LMLP (Licensed Masters Level Psychologist) | 6 | 5 |
| LMSW (Licensed Masters Social Worker) | 200 | 112 |
| LSCSW (Licensed Specialist Clinical Social Worker) | 57 | 234 |
| MD | 9 | 141 |
| PA (Physician's Assistant) | 0 | 7 |
| PhD Psychologist | 5 | 161 |
| PsyD (Doctor of Psychology) | 1 | 17 |
| TLMFT (Temporary Licensed Marriage and Family Therapist) | 11 | 4 |
| TLMLP (Temporary Licensed Masters Level Psychologist) | 4 | 2 |
| TLMSW (Temporary Licensed Masters Social Worker) | 4 | 1 |
| TLPC (Temporary Licensed Professional Counselor) | 6 | 1 |
| Total | 458 | 964 |

In addition to the program development/delivery level connections, SRS collaborates and coordinates with KHPA regarding Medicaid services at several systemic levels, including:

- Monthly meetings between leadership staff at both agencies, to identify and respond to system concerns, program trends, legislative and other issues of mutual interest.
- Twice monthly meetings between senior managers at both agencies, to identify and respond to program or system issues, as well as CMS submissions and liaison matters, across agencies and program areas.
- Quarterly Managed Care Oversight Group meetings that review service outcomes and trends related to community based managed care mental health and substance abuse programs.
- Both agencies are governed by an extensive Interagency Agreement that includes additional details as to how the system and program connections will be implemented over time.
- Developing CFS policy on assisting youth, during transition planning, with understanding the importance of designating a person to make health care treatment decisions on behalf of the youth if the youth becomes unable to participate in such decisions and there is no relative who would be authorized to make such decisions, through execution a health care power of attorney, health care proxy, or other similar document recognized by Kansas law.
- Developing CFS policy on instructing youth on the use of prescribed medication as a part of the transition planning process.

The Kansas Health Oversight and Coordination Plan is Attachment 40.

Fostering Connections to Success and Increasing Adoptions Act of 2008

State Legislation was thought necessary for Kansas to comply with the state plan requirements to further develop health care oversight and coordination in consultation with the State Medicaid Agency and health care providers. The state requested the effective date of this requirement be July 1, 2010, and that request was granted by ACF. Upon review, it was determined that a memorandum of agreement between SRS and the Kansas Health Policy Authority would obviate the need for legislation. The agencies entered into a memorandum of agreement describing a coordinated strategy to identify and respond to the health care needs of children in foster care including oversight and coordination of medications with close attention to psychotropic medications as described above

Monitoring and Treating Emotional Trauma

Monitoring and treating the emotional trauma related to children's removal from the home is addressed by CWCMPs, as Kansas has privatized Foster Care and Adoption Services. Plans for the upcoming year include assessing how well each of the Providers address this issue, and assisting them in strengthening their processes.

TFI completes an assessment of the child's mental health needs, as well as other health needs when the child is referred to the agency. TFI uses a child screening tool which incorporates the SRS Child Welfare Mental Health Screening Guide, as well as the Child Behavior Checklist which identifies types of trauma experienced in addition to behaviors exhibited. The tool also incorporates the SRS Social Emotional Screening Tool for children 5 and under, which identifies types and symptoms of trauma. TFI refers the

child to mental health services through the local CMHC or other community providers to address any trauma. Children are scheduled within 48 hours for a health assessment. These MH and other health services are identified on the case plan, and monitored via the case planning review process. TFI has developed and provides Trauma Informed training to resource homes, and resource family workers. TFI will be providing this training to case management staff. Through the Children's Bureau Permanency Innovations Initiative, the Kansas Intensive Permanency Project is providing intensive therapeutic interventions to families with children in out of home placement who are identified as Severely Emotionally Disturbed, using Parent Management Training-Oregon. The clinicians are being trained to provide a trauma informed enhanced version of PMTO. Dr. Abigail Gewirtz is the expert providing guidance for this adaptation and training to the clinicians. TFI has 13 clinicians that are undergoing this training and are providing this service to families.

At KVC, trauma informed care reduces internalizing and externalizing behaviors in children and adolescents that destabilize placements and delay reintegration and adoption efforts. KVC developed systematic approaches to detect child trauma through early screening and assessment activities that continue throughout the life of a case. All children referred to KVC ages 6-18, are screened for traumatic stress by their case manager within the first 14 days of referral using the UCLA PTSD Screening Index. This evidence-based instrument helps case managers identify children who may be in need of ongoing trauma treatment services. KVC is currently working with Dr. Joy Osofsky Ph.D., model developer of Child Parent Psychotherapy, an evidence-based trauma treatment intervention for children birth through age 5. KVC is evaluating trauma screening instruments for infants and very young children and will begin implementing services for children in this age range soon.

Children and adolescents who meet partial or full criteria for traumatic stress receive a full assessment and ongoing services by home-based KVC therapists or are referred to other community mental health providers. Since 2009, KVC has been partnering with Dr. Glen Saxe, M.D. Dr. Saxe is the Department Chair for the Department of Child and Adolescent Psychiatry at New York University and the model developer of Trauma Systems Therapy (TST). TST is an evidence-based practice approved by the Substance Abuse and Mental Health Services Administration and the National Child Traumatic Stress Network. Trauma Systems Therapy conceptualizes child and adolescent trauma as the interface of two conditions: 1.) The degree of emotional and behavioral dysregulation when a child is triggered by overt and subtle reminders of the trauma and 2.) The capacity of the child's social environment to protect the child from such reminders and/or to help the child regulate in the face of such reminders.

All child-serving divisions of KVC received training from Dr. Saxe and his team and are engaged in ongoing case consultation. Model principles and treatment concepts are integrated into instructor led and web-based, role-specific training curriculum. Work books, web-ex book reviews, and shared access to additional resources on the KVC pool drive ensure multiple approaches support staff learning and implementation in daily practice. Fidelity measures implemented by supervisors quarterly, feed into yearly evaluations and training plans to ensure high fidelity and consistent model integration throughout each KVC division.

The TST model extends the definition of "social environment" beyond biological parents' homes to include the resource parents' homes (foster and kinship), and residential/hospital milieu, making it possible to replicate TST in the environments in which a child is placed. In addition to all KVC staff, resource parents receive TST training through instructor led and on-line learning opportunities. Further, they receive coaching and support from their family services coordinators on an on-going basis.

KVC has partnered with the Annie E. Casey Foundation to gather research on the impact of providing trauma informed care in the areas of timeliness to permanency, placement stability, and improved child well-being. KVC believes the research will show that when skilled, compassionate, caregivers connect to children and their families in trauma sensitive ways; families heal, children thrive and communities are better places to live.

Approximately two years ago SFCS began to explore the need to incorporate trauma informed care across all programs within SFCS. The research, planning and development stages took place during the next year and the training phase began in March 2011. SFCS recognized the need to provide training for staff across all SFCS programs, from the corporate level to field operations. Along with the training came a planned, concerted effort to change the culture of the organization as well as how we conduct business with other providers with whom we interact. Our plan also included education for foster parents.

From March 2011 through May 2012, SFCS completed 14 sessions of Trauma Informed Practice training. Each session included two full days of training. Participants were from the Reintegration, Adoption, Kinship, Outpatient Clinic, Foster Care Homes, Family Preservation, Residential, and Outreach programs and consisted of Vice Presidents, Directors, Supervisors, Therapists, Case Managers, and Family Support Workers. A one day condensed version of the training was held as well for Drivers and Administrative Staff. Overall, 253 staff have participated in the training. The model used was derived from the National Child Traumatic Stress Network. SFCS continues to provide courses for new staff three times a year. In October 2011, two full day sessions of Stress, Burnout, and Secondary Traumatic Stress training were presented to 56 Vice Presidents, Directors, and Supervisors by Jeff Bormaster of the Child Welfare League of America. Jeff also provided five full day sessions of Trauma, Engagement, Empowerment, and Achieving Results training in April 2012 to a total of 173 staff of all levels in all programs.

SFCS also provided trauma informed care training connecting its relationship with the importance of placement stability for SFCS foster families. Ten trainings were held at four locations across the state with 94 foster parents attending.

In the future, SCFS will be providing two sessions of a one day condensed version of the Trauma Informed Practice training to the Wichita Area SRS staff. A meeting is scheduled to discuss it with the SRS Supervisors on May 24th.

SFCS utilizes a number of initial and ongoing assessments and screening tools to assess, monitor and treat/meet the needs of children and families all of which have trauma components. All assessments available for children/families are utilized to develop case plans and provide or refer for ongoing services for children and families. Following is a list of assessments, screening tools and processes utilized by SFCS staff:

- Child and Family Profile
- Genogram
- Ecomap
- NCFAS
- Initial Screening Tool including Mental Health, Alcohol/Drug and Mental Retardation/Developmental Disability Screening

- Social-Emotional Screening Tool-R Children Birth to 5 Years
- Initial Placement Screening Tool
- Child and Adolescent Functioning Assessment Screen (CAFAS)
- Preschool and Early Childhood Functional Assessment Scale (PECFAS)
- Kan-Be-Healthy (KBH)
- Ansell-Casey Life Skills Assessment
- Access standards are set up to monitor use
- Training of supervisors, case managers, family support workers, intake workers, foster care homes staff, and kinship staff to identify level of trauma – impact of trauma on development and how to look at every service provided in a “trauma informed way”
- SFCS has an internal trauma assessment for child who demonstrate behaviors that impact progress toward permanency and develops specialized treatment options
- SFCS participates in the KIPP initiative
- SFCS provides in-home family therapy through internal staff
- SFCS partners with Community Mental Health Centers (CMHCs) to evaluate, provide mental health assessments, treatment and Home and Community Based Services:
 - Referrals to CMHCs for evaluation/assessment/treatment through the universal referral packet
 - We educate staff on how to determine the need to screen for inpatient (acute, hospital, PRTF)
- SFCS makes referrals for additional assessments and services as needed
- SFCS utilizes treatment foster care, acute care, hospitalization and PRTF options in our continuum of care
- Consistent monthly worker/child visits and foster or kinship worker visits in placement
- Consistent worker/parent visits with birth parents
- Monitoring and/or supervising visits with children and birth parents or other relatives
- Ongoing case management services with children and birth parents

Youthville staff monitor and treat emotional trauma associated with a child’s maltreatment and removal, in addition to other health needs identified through screenings, through ongoing assessment and referral to medical and mental health service providers and through utilization of screening tools and documentations from the time the youth first comes into custody through the end of the Aftercare period. All Youthville staff providing service to the youth, their parents, and their foster parents receive training in the Neurosequential Model of Therapeutics (NMT). Staff use this model to gain perspective and to develop recommendations based on the child’s developmental needs and degree of trauma experienced. An initial CAFAS/PECFAS is completed for all youth ages 3-16 to provide a baseline standardized assessment of the youth’s behaviors in multiple domains. A Child Welfare Mental Health Referral Guide is also completed, as well as Structured Decision Making assessments to demonstrate the needs of the youth and the risk and safety conditions of the youth’s family home.

Another system of monitoring emotional trauma is by way of Youthville’s Level of Care Screening process. The assessor completes the Level of Care Screen through utilization of information from the youth’s case management file. The assessor also has the ability to contact other child welfare staff, Intensive Supervision Officer (ISO), Juvenile Detention Facility staff, school staff, mental health staff, resource parents, medical treatment providers, Permanency Services Team staff, foster care staff, foster parents, relatives, and parents. Information is gathered in eight areas to provide a wide perspective on the youth’s level of functioning over the past 90 days in school, home, community, behaviors toward

others, moods and emotions, self-harm, substance use, and thinking. The assessor asks about issues related to sleep, appetite, focus and concentration, energy level, irritability, affect, self-esteem, etc. The assessor gathers any data related to blanking-out, staring, obsessions or compulsions, disassociation, memory, and communication. Level of aggression, sexual acting out behaviors, self-harm, suicidal and homicidal ideations, psychosis, and substance abuse are also detailed. Youth are typically screened for the first time within six weeks of coming into custody, and most youth are re-screened in 6 month intervals.

After Level of Care data is gathered, a CAFAS/PECFAS form is completed, as well as a Placement Clinical Eligibility determination and a Youth Needs Assessment (depending on youth's age and CAFAS/PECFAS score). Treatment referral recommendations are identified and shared with the Permanency Services Team, Placement staff, and Foster Care. Some of these recommendations are identified to assist with trauma and may include consideration of a various services provided by the continuum of care in Community Based Services through the local Community Mental Health Center. These recommendations may include assessment to identify the least restrictive and most appropriate level of care such as outpatient therapy, community case management, attendant care, wraparound services, inpatient hospitalization, psychiatric residential treatment facility, etc., with a focus on trauma-informed treatment. Recommendations might also include exploration of placement in one of Youthville's HEART (Healing and Empowering Adolescents Recovering from Trauma) foster homes, Therapeutic Foster Care, EMDR or DBT treatment, Wichita Area Sexual Assault Center, Little Girls' Group at Family Consultation Services, development of an Individualized Justice Plan and/or Neurosequential Model of Therapeutics consultation.

In situations in which other health needs are identified, the Level of Care Screener will contact the Permanency Services Team, foster care workers, resource parents, early childhood education teams, medical treatment providers, and hospital staff to determine the extent of the presenting health needs. A Specialized Medical form is completed, including treatment referral recommendations, and the collected data and relevant information is sent to the Permanency Services Team, placement staff, and foster care staff. These recommendations may include submitting necessary paperwork to the Sedgwick County Community Developmental Disabilities Organization for a temporary ID/DD determination, or follow-up with a primary care physician, screening through Rainbows United, Inc., assessment provided by Dr. Valarie Kerschen, Fetal Alcohol Syndrome Diagnostic Clinic at Flint Hills Community Health Center, and/or psychological and neurological evaluations. Each recommendation is individualized to meet the youth's needs.

Aftercare staff provide on-going monitoring and assessment through family interactions, regular assessment of mental health status, and Coordination of Care meetings with community mental health providers. Staff also review reports and assess for a history of traumatic experiences. Based on the history of adverse events and the current level of functioning, clinicians develop a treatment plan to improve/decrease trauma-related symptoms. The Aftercare clinicians (Clinical Specialists) also provide trauma-informed education to parents of maltreated children, based on the NMT model and supplemental material. Youthville's Adoption and Kinship staff also provide training for adoptive, kinship, and foster parents entitled "Caring for Children Who Have Experienced Trauma".

Youthville screens and assesses for signs of trauma through use of several assessment tools and services, including Parent/Child Assessments (completed by the Permanency Services Teams and Community Mental Health Center), the Child Welfare Mental Health Referral Guide, the SEST Form, CAFAS/PECFAS, YA2300, the Pain/Health Assessment Form and the Kan Be Healthy screening process.

KIPP Therapists and Aftercare Clinical Specialists regularly observe and assess for signs of trauma through the youth's behaviors and interactions with others. Clinicians also review the youth's history and relevant information, including the CAFAS/PECFAS, Structured Decision Making (SDM) assessments, the CINC Petition, developmental assessments, intake summaries, etc., and incorporate this information into further assessment and treatment planning relevant to adverse childhood experiences that could result in trauma-related symptoms.

Youthville refers to community services based upon the assessed needs and level of care for each youth. Youth with severe trauma-related symptoms are referred for more intensive services, and recommendations are made on the Community Mental Health Center assessment referrals if further treatment is needed. For most youth in Sedgwick County, orders are made by the court for youth to complete a developmental assessment or clinical assessments. These specific court orders are included in the case plan, as well as disability status and an indication of whether the youth has been identified as SED.

Youthville's Level of Care screening process includes treatment referral recommendations that can be incorporated into the youth's case plan. The Level of Care Screener monitors to see that youth have been referred for mental health and trauma-informed services as recommended and collaborates with the Permanency Services Team and the Youthville Mental Health Liaison to coordinate needed referrals.

Youthville staff obtains a Release of Information (confidentiality release) to allow for communication with medication management providers. In addition, when assigned, clinicians regularly assess and discuss changes in behaviors that could be related to changes in medications. Clinicians also regularly assess and report compliance with medications to all relevant parties. Permanency Services Teams (PSTs) and other assigned staff use the Case Management software database to record prescription information, and also utilize documentation in the case management file. The Mental Health Liaison and Assistant coordinate referral processes and completion of the Community Mental Health Center (CMHC) intake packet with the PSTs, and the CMHC informs the PSTs of medications prescribed. Through the Level of Care Screen process, the assessor requests medication information from the foster care worker and PST staff, and by accessing the monthly Provider Progress Reports. The Level of Care Screener may also request this information directly from medical providers, as needed.

Youthville staff coordinates referrals and collaboration with medication management providers as needed, and relies on these professionals to provide much of the information regarding psychotropic medications. Education can be provided by assigned clinicians regarding medications, based on the needs of the youth, caretakers, and family. Community Mental Health Centers and other treatment providers often share a list of possible side effects upon prescribing a new medication, and the Permanency Specialist (case manager) gives consent for medication changes as recommended by providers. Educational information is also provided to resource parents and parents by the pharmacy. The Level of Care Screener and other Youthville staff have also shared information with resource parents and parents regarding the reasons for prescribed medications.

Monitoring and Use of Psychotropic Medications

Kansas Health Solutions (KHS) is the current contractor for the State of Kansas Psychopharmacology Advisory Committee has been formed to monitor the used of psychotropic medications in children. A KHS Atypical Antipsychotic Tip Sheet for Pediatric Use has been developed. Quality indicators utilized include: those that fall in the red zone of the tip sheet; use of two or more atypical antipsychotics for a

period of longer than 60 days; use of a conventional antipsychotic plan and atypical antipsychotic concurrently. The plan is for KHS to contact the medical providers who have prescribed medications that are considered to be in “Red Zone” to find out the reasoning behind their prescribing practices. The Disability and Behavioral Supports Division of SRS, in conjunction with KHS is in charge of the committee, and Dr. Michael Leeson is the physician who reviews the information and contacts the doctors who are writing the prescriptions. The tip sheet is included in Attachment 41. The tool developed by the committee has been given to those who prescribe psychotropic medications for children for use in treating children with mental health diagnosis.

Due to changes within KHS, the Psychopharmacology Advisory Committee has not been as active during SFY2012. They recently approved the Atypical Antipsychotic Tip Sheet for Pediatric use, which was based on the guidelines developed by AACAP, and it is posted on the KHS web site. Plans to share this information will be developed as per the CFS/MH work plan, which is outlined in Attachment 42.

Staff from CFS and Disability Behavioral Health Services had ongoing meetings throughout SFY12 to share data and develop a plan for oversight and monitoring of psychotropic medications. The work plan is Attachment 42.

Also, in SFY2009, at the request of DBHS, the University of Kansas (KU), began work to establish a model of Shared Decision Making for youth and families during mental health medication management appointments. They worked closely with youth, families and providers to develop tools to help improve Shared Decision Making and engagement during mental health medication management appointments. A set of tools and supporting materials named “Journeys” were developed. One of the tools, Preparing for the Appointment (PFTA) was a worksheet design to be completed by the parent and teen before each medication appointment and used in conjunction with their medication provider. Once the tool was developed, it was used in a pilot project, in July 2011, at one metropolitan mental health center to assess its effectiveness. The findings of the study support the utility of the PFTA worksheet for illumination of the congruence, or lack thereof, between parent and teen perspectives about important issues for each medication appointment. Also, there were moderate to high levels of user satisfaction. Plans for SFY 2013 include asking several Psychiatric Residential Treatment Facilities (PRTFs) to work with KU to develop a similar tool for the population of children in their care and testing the effectiveness of its use. If successful, the PFTA could be used for medication management appointments for all youth in foster care.

CWCMPs have developed their own procedures, in addition to the Statewide monitoring, for the monitoring and use of medication for the children in their care.

KVC - Psychotropic Medication Protocol

It is KVC’s goal to reduce the need for psychotropic medications in children as the effects of medications on the developing brain are unknown. There is no childhood criteria for use nor have there been studies on the use of psychotropic medications on children. KVC maintains stringent oversight of the use of psychotropic medications. KVC’s Medical Director, child psychiatrist Dr. Vishal Adma, oversees all psychiatric services provided by KVC to the children in its care. He and his staff of psychiatrists and APRN’s provide comprehensive and coordinated screening, assessment, and treatment planning mechanisms to identify children’s mental health and trauma-treatment needs. Additionally, Dr. Adma participates in the process of tracking information about medications prescribed by other physicians to the children served by KVC.

Parent/caregiver participation is a necessary component of assessment and treatment planning for all children in KVC's care, particularly as it relates to the potential prescription of psychotropic medications. KVC facilitates parent-involvement in psychiatric evaluations when the child is in out-of-home placement. Parents are provided information about the recommendations of the treating psychiatrist and are involved in the decision to treat.

KVC's Client Management System database maintains all information regarding psychotropic medication for each child. KVC monitors the prescriptions and has established protocol for review if there are any two medications from the same class prescribed or any three total psychotropic medications prescribed. In addition to the specific oversight of medications prescribed, KVC reviews the cases of those children who are on psychotropic medications to ensure appropriate behavioral healthcare services are in place.

SFCS has the following policies in place:

1. Preparing, Dispensing and Disposing of Prescription Medication for Foster Care Homes

A. Preparing and Dispensing

- All prescription medications are properly labeled by pharmacy (label is considered prescriber order)
 - Client name
 - Medication name
 - Dosage, strength, frequency, and directions for use
 - Name of prescriber
 - Expiration date
 - Date filled
- Never use from unlabeled container
- Documentation – Foster Parents will fill out medication log for each client on medication
 - The FCW will collect the log and attach to the monthly progress report provided to the placing agency.

B. Disposing of Prescription Medication

- Return excess medication to a reverse distributor.
- Dispose of excess medication through a collection program like local household hazardous waste programs that can accept pharmaceuticals from nursing facilities. These programs cannot take controlled substances.
- Incinerate through a contractor that is licensed to accept pharmaceuticals.
- Dispose in a permitted landfill, preparing the excess medication using these steps:
 - Crush or dissolve pills in water, coffee, or another liquid. Make a paste of the dissolved pills or a liquid medication by adding it to kitty litter or coffee grounds.
 - Put the paste in a closed container and dispose of it in the trash.
- Destruction Form
 - Foster Parents will fill out the Destruction Form for all medications disposed of
 - Document on Destruction Form by:
 - Name of Foster Home
 - Name of Client
 - Name of medication
 - Count of medication

- When destroyed
- How destroyed
- With whom – if more than one person present for destruction
- Will be collected by FCW and placed in SFCS family file

2. Administering of Medications for Resource Homes

A. Resource Parent Giving Medication

- Education/Training (see contents of manual)
 - Participate in KDHE approved medication administration training
 - Must pass written competency class. Place in resource parent's file.
- Before administering medications
 - Assigned worker
 - Contacts prescriber if resource parent has any questions or concerns regarding medications for client.
 - Resource parent and client (if age appropriate)
 - Review name of medication and side effects.
 - Resource parent
 - If no pharmacy side effect sheets for medications resource parent calls pharmacy or physician.
 - Verifies there are no contraindications for administering the medication (i.e. allergy, clients report past side effects from that medication).
 - Verify medication is stable, not discolored or expired.
 - If medications are mixed together, the label is unreadable, there are old dates on the label, or there is a discrepancy in the label and client/caregiver report, the resource parent calls the pharmacy and/or prescriber.
 - If any doubts about order, call pharmacy and or prescriber for clarification.
 - Only give medication from the pharmacy, not from home or from bottles other than original pharmacy bottle with original label. This label will be considered the order from the physician and will include child's name, name of the medication, dosage, dosage intervals, name of physician, expiration date, and the date the prescription was filled.
 - Verify eight rights of Administering Medications.
 - Right client
 - Right amount (i.e. 5 mg, 1 oz)
 - Right dose (i.e. 1 or 2 pills)
 - Right time
 - Right route (i.e. orally, topical)
 - Right medication
 - Right medication record
 - Right response to medication
 - If any doubts in regards to eight rights, side effects, or abnormality of medication, call prescriber or pharmacist for clarification.
 - Give full glass of water/liquid and observe swallowing of medication.
 - High risk clients may try to "cheek" medications
 - Document the administration of medication in client individual medication log by initialing designated area. Document immediately after giving medication, not before.

- Medications may be given 1 hour before or 1 hour after prescribed time unless otherwise indicated.
- If medications are held for special test as specified by prescriber, give at next time specified for dose.
- If prn (as needed) medication, verify time last dose given before client given another.
- Over the counter
 - Need permission of parent/guardian (Medical consent may authorize this)
- Call 911 if any serious life threatening side effects

B. Self-Administering of Medications

- Only under special conditions may a client administer medications to self.
 - Ordered by prescriber
- Client is deemed competent by physically demonstrating procedure. If this is at outside agency, they will document in their chart.
 - Client is trained on nature of medication, how to administer, frequency, route, and dosage.
 - Client is informed of expected actions, side effects, and how to monitor effects.
 - Client is not allowed to keep medications on self.
 - Client gives medication to self under supervision of resource parent. (Example-A diabetic who had been giving insulin injections to self prior to placement).
- Resource parent supervises
 - Dosage
 - Sterile/proper technique
 - Discard of needles, if applicable
 - Injection site, if applicable
 - Document medication given

C. Respite

- The medication logs go with the client when he/she is placed in respite care and returned after the completion of respite.

D. Reconciliation

- When a client is seen by a SFCS practitioner, the medication reconciliation will be updated on the medication evaluation form during appointments and filed in the client file in the area office, this will include any other medications being prescribed by other healthcare practitioners.
- For non-SFCS resource families, if there is a discrepancy the family will contact the prescriber and the reintegration foster care worker.
- A complete medication regimen is communicated to the next provider of service when a client is transferred to another setting, service, prescriber or level of care. **(National Patient Safety Goal)**

3. Psychiatric Emergency Services for Foster Care Homes

- If in imminent danger to self or others, take client to nearest emergency room for assessment
- If client is in imminent danger to others, contact law enforcement immediately
- For all other situations contact the local mental health center
- Staff/Resource parents document events leading up to emergency
- Critical/unusual incident report is written and forwarded to Risk Management.

- If client is transferred to acute care assigned staff/resource parent contact acute care for update of client's condition
- Discharge from acute care
 - Acute care provides a discharge summary
 - File in case record
 - Staff/Resource parents will contact acute care for questions, medication changes, etc., that were made during client care, if not fully explained on discharge summary

Youthville - Youthville staff monitors psychotropic medication management for children in care through collaboration and communication with treatment providers, documentation, and assessment.

Prescription information is recorded in the case management file, including the Case Manager software database and through documentation such as medication logs, foster care reports, and treatment reports from Community Mental Health Centers. The Youthville database does not interface with KHS or DCF (formerly SRS).

Youthville also monitors psychotropic medication management when a Level of Care Screen is requested by the Placement Coordinator. This request is typically made due to reports of new concerns regarding the youth's behaviors. The assessor typically recommends consideration of a medication evaluation or check appointment, and this recommendation is sent to the Permanency Services Team, placement staff, and foster care staff when the Level of Care Screen is complete.

KIPP Clinicians and Aftercare staff obtains a Release of Information (confidentiality release) to maintain regular communication with medication management providers. In addition clinicians regularly assess and discuss changes in behaviors that could be related to changes in medications. Clinicians also regularly assess and report compliance with medications to all relevant parties.

Youthville is also currently considering the development of a standard and randomized process for review of psychotropic medication management. Currently, the Director of Permanency Specialized Services reviews two case management court reports each month. This review focuses on many areas of service provision and documentation, and now includes providing questions related to medication management services to recommend further evaluation by treatment providers to ensure that medications prescribed are least restrictive, meeting the youth's current needs, and consistent in typical treatment provided for identified diagnoses and health concerns. Youthville staff does not practice medicine, and these reviews (as well as ongoing reviews by assigned staff) are intended to generate questions for medical providers to ensure that medication management is monitored throughout the life of the case. The randomized review process described above may be expanded in the future to include a larger number of cases reviewed each month, and a tracking system may be developed to document this process. The details of this additional monitoring practice are still under development at this time.

TFI - TFI completes an initial assessment of the child's mental health needs, including a consideration of the trauma treatment needs using the child screening tools (Child Welfare Mental Health Screening Guide, Child Behavior Checklist SRS Social Emotional Screening Tool). When the agency determines a need for psychotropic medication, the agency refers the child to the local Community Mental Health Center for a psychiatric evaluation unless the child is already seeing a psychiatrist for this service.

TFI's procedure is for the parent to be the primary consentor for psychiatric medication to be prescribed. In the event the parent is unavailable to consent, the agency may provide that consent. The caregivers are the primary party responsible to coordinate the communication between the child, caregiver, and prescriber. The child's case manager is responsible to ensure releases are signed among the child's team to facilitate communication.

TFI refers to local CMHCs for assessment, diagnosis, and medication management. The MHC develops a treatment plan which involves the stakeholders for the child, including the parents and caregivers/placement. The case management team monitors this through the case planning process.

At TFI, there is no formalized system for sharing accurate and up-to-date information related to psychotropic medications to clinicians, child welfare staff, and consumers at present. Informally, communication occurs between the case management team, clinicians and consumers.

RESEARCH AND PROGRAM EVALUATION

Focused Study on Mental Health Services

PIP items included assuring children's mental health needs are assessed and services are provided, as well as, to follow up on the focused study of mental health services delivered to children/youth in foster care.

Prior work done through the Children in Foster Care Focused Study, conducted by Terry Moore, University of Kansas, and the Pilot Project, coordinated by Kansas Health Solutions and a Child Welfare group, led to the application and award of a grant to address the issue of Seriously Emotionally Disturbed Children in Foster Care. The grant, awarded to the University of Kansas in partnership with the CWCMPs, is called the Kansas Intensive Permanency Project (KIPP). Funding began October 1, 2010. Service provision is scheduled to begin by January 2012. No data or results are available yet. The Kansas Intensive Permanency Project (KIPP) is a grantee of the federal Permanency Innovations Initiative (PII). The PII is a 5-year, \$100 million, multi-site demonstration project designed to improve permanency outcomes among children in foster care who have the most serious barriers to permanency. PII includes six grantees, each with a unique intervention to help a specific subgroup of children leave foster care in fewer than three years.

KIPP is a statewide partnership implementing and evaluating an intensive, in-home, evidence-based parent training program. The project is a partnership between the University of Kansas School of Social Welfare; the Kansas Department of Social and Rehabilitation Services, Children and Family Services; and Kansas' four private providers of foster care—KVC Behavioral Healthcare, St. Francis Community Services, TFI Family Services, and Youthville. The year one goals of KIPP were to develop a plan : 1) to develop and implement innovative intervention strategies that result in permanence for a subpopulation of children who experience long stays in foster care; and 2) to rigorously evaluate these efforts to provide information about the effectiveness of the interventions to reduce long-term foster care. Current goals are to:

- 1) Help families of children with serious emotional disturbance (SED) reintegrate earlier and more stably.
- 2) Increase families' capacity to provide for their children's needs.
- 3) Work with the family and community on addressing barriers to reintegration.

4) Connect families to longer-term community based services and supports.

The major components of KIPP include:

- Evidence-based intensive family reunification services
- Collaborative planning and governance for statewide implementation
- Workforce and court systems change efforts
- Sustainability strategies to bring about long-term systems changes

The Project Objectives are to:

- Accelerate stable permanency for children with serious emotional disturbance (SED)
- Improve Kansas performance on CFSR Permanency Outcome 1 and Well Being Outcome 1 to decrease the number of children with case plan goals of Other Planned Permanent Living Arrangements (OPPLA)
- To provide sustainable services to permanency families.

The first year of the grant was used to complete a needs assessment, select the model to be used, and establish research strategies. The target population, which has been approved by ACF, is children and youth, age 3-16, who meet criteria for serious emotional disturbance (SED). The primary intervention is with the families of these children.

The Project Status Update, as of May 2012

Intervention: KIPP's key intervention is an evidence-based parent management training model (PMTO or Parent Management Training - Oregon Model) that is tailored to address permanency barriers for parents of children with SED. PMTO is aimed at enhancing effective parenting, especially in families with risk factors such as parental mental health problems, poverty, and trauma. The intervention focuses on five core parenting practices: (1) appropriate discipline; (2) skill encouraging; (3) monitoring; (4) problem-solving; and (5) positive involvement.

Accomplishments To Date: The PII aims to improve child welfare outcomes by testing innovative interventions and advancing the child welfare field through incorporating Implementation Science and rigorous evaluation into the projects. As such, the project is designed around stages of implementation that include exploration, installation, initial implementation, implementation, and sustainability. After one year of planning and nearly 8 months of implementation, KIPP has accomplished several major objectives of: 1) exploration, 2) installation and 3) initial implementation as described below.

Exploration: During exploration KIPP conducted rigorous and extensive data mining analyses to identify and confirm the project's target population. The project also engaged in thorough examination of evidence-based intervention models that would address the risk factors identified by the data mining analyses. Chief outputs of the planning year included comprehensive implementation and evaluation plans.

Installation: After selecting an intervention model, the project entered the installation phase of implementation during which job descriptions were written, staff selection protocols were developed, and finally, forty staff were hired and oriented to KIPP. Once hired, KIPP supervisors and KIPP therapists undertook an extensive training and coaching process to work toward certification in the Oregon Model of Parent Management Training (PMTO). The training and certification process includes: 5 four-day workshops (approximately 160 hours); 2 full-days of in-person coaching sessions; 2 booster sessions;

approximately 16 coaching sessions via video-conference, phone, or written feedback; and, a minimum of 10 fidelity ratings per therapist. All KIPP treatment sessions are video-recorded and used as potential data for training, coaching, and self-reflection/self-evaluation. Installation activities also included stakeholder meetings and orientations; engagement and education of key court personnel; and, development of essential project materials and tools such as a policy and procedures manual, a program brochure, a private and secure website, and a data collection infrastructure.

Initial Implementation: The initial implementation phase commenced in October 2011 when KIPP began service delivery. A unique feature of this initial implementation stage was usability testing. During usability testing, KIPP methodically and systematically applied improvement cycles to define and collect metrics to judge whether the early intervention components yielded positive results and the evaluation processes were feasible. Early outputs that showed lower-than-desired performance for predefined targets were flagged as potentially problematic. Identification of challenges prompted purposeful adjustments and re-testing.

The early outputs of KIPP include the following: approximately 40 FTE hired; 33 master's level therapists and supervisors have participated in 16 days of training and received 378 coaching sessions; about 470 children have been screened as having an SED; nearly 130 families have agreed to participate in the KIPP study; around 100 families are receiving KIPP services from a KIPP therapist; and, on average families have received 5 sessions per month for a duration of 6 months.

Kansas Social and Rehabilitation Services is also participating in a study entitled: Retrospective Collection of Child Protective Service Reports among National Early Head Start Research and Evaluation Project Participants. SRS has not yet received a report on this research.

The Centers for Disease Control and Prevention (CDC) has contracted with NPC Research to conduct a study to examine the effectiveness of the federal Early Head Start (EHS) program in preventing child maltreatment. The goals of the study are to (1) obtain administrative child welfare data for participants in the NEHSREP study at five sites (including one site in Washington) and (2) to use this information to begin to understand the influence of EHS programs on child welfare system involvement. Child welfare records, including dates and number of reports, foster care placement dates, types, dispositions and other key information will be linked with the NEHSREP longitudinal data for analysis.

Rural Mental Health Steering Committee

The Governor's Mental Health Services Planning Council (GMHSPC) is a federally mandated mental health services planning council designed to plan, implement, monitor, evaluate and advise state government regarding Kansas mental health needs. One of the subcommittees is the Rural and Frontier Subcommittee (RFS), which is focused on addressing the rural service delivery issues within Kansas through understanding and promoting accessibility and availability of mental health services in frontier and rural counties. The subcommittee meets regularly and makes annual recommendations to the GMHSPC. Community Mental Health Centers, Child Welfare Case Management Providers, KU School of Social Welfare, SRS state and regional staff, hospitals, consumers and family members are a part of the Committee. It became evident early on that having a consistent definition of rural and frontier was an essential first step in addressing the unique issues of this population. The group has made significant advances in proposing a common continuum that includes Frontier through Urban population densities in the State of Kansas. They support the use of the continuum used by KDHE:

- Frontier: less than 6 people per square mile

- Rural: 6.0-19.9 people per square mile
- Densely-Settled Rural: 20.0-39.99 persons per square mile
- Semi-Urban: 40-149.9 persons per square mile
- Urban: 150+ persons per square mile

For the RF annual report, Executive Order and Population by Peer Group map see Attachments 43, 44 and 45.

DISASTER PLANS

The primary objective of Children and Family Services' Child Welfare System Disaster Plan (Attachment 46) is to maintain the ability to know the location and situation of children and families receiving services from the state agency. CFS' plan is designed to work with child welfare providers, foster parents, other service providers and community partners to maintain support, communications and services. The plan is based upon the procedures established in the SRS Disaster Plan and the Adjutant General's, Division of Emergency Management's plan for natural and manmade disasters (Attachments 48-50). CFS' Plan also utilizes the planning and best practices from the U.S. Department of Health and Human Services and other states regarding disaster planning. CFS also has a plan specific to the Kansas Protection Report Center. It is Attachment 47.

The methodologies prescribed in the plan are to provide guidance to CFS Central Office, Regional Staff and those providing direct services to children and families. These methodologies are to ensure CFS:

- Maintains the capacity to communicate with the child, family and providers of services to Children in the Custody of the Secretary or receiving services from the agency who are displaced or affected by a disaster.
- Responds to new child welfare cases in those areas adversely affected by a disaster and is able to provide services to those cases.
- Has knowledge of pre-existing needs and needs created by the disaster in order to properly respond.
- Remains in communication with essential personnel and is able to preserve essential records.
- Maintains a progression of services according to the case plan.

CFS' Plan allows for continual operations in any category, type and geographical coverage of a disaster. Geographical coverage of a disaster can range from localized situations in which normal operations are maintained to a disaster affecting a large portion or the entire state. A disaster affecting a large portion or the entire state would disrupt operations by requiring relocation and evacuation for CFS operations, staff and all involved in the child welfare system as was the case with the Greensburg tornado. CWCMPs have their own disaster plans.

In order to accomplish CFS' prime objective of maintaining knowledge of the location and situation for those receiving services, the plan is designed to enhance collaboration and coordination between SRS, CWCBS Providers, Community Partners, Stakeholders, federal and state agencies and local emergency planning agencies. Implementation requires that these organizations work together to develop flexible strategies. The Plan recognizes that service providers have direct contact and information regarding those receiving services.

The key to CFS' Child Welfare System Disaster Plan is for CFS to maintain information systems, regardless of whether or not operations are relocated, to identify all in services prior to the disaster AND to provide the communication link for child welfare providers, foster parents, service providers and community partners to receive current information on the welfare, services, needs and location of children and families. Changes to the Disaster Plan were not needed for the 2012 State Plan update. Contact information in the disaster plans is explained through position titles, not names, so as mailing lists are updated, so too are the plans.

The State of Kansas has initiated a state-wide comprehensive project for the purpose of developing Continuity of Operations Plans (COOP) for each of its state government agencies to ensure Continuity of Government (COG). For this project the State of Kansas selected EMplans.com, a web-based Continuity of Operations Planning system designed to assist government organizations in the COOP development process. The EMplans.com system guides users through each step of the COOP planning process and helps develop a plan that outlines the roles and responsibilities required to ensure an organizations ability to transition and continue its operations during times of disruption.

Although there were floods in Kansas last summer and tornadoes this spring, foster children and- foster homes were not affected. Youthville's (YV) headquarters was in the path of the tornado in Wichita on April 14, 2012. Although Spirit Aerosystems, which is next door, had extensive damage, the Youthville building was largely spared. Many of the YV vehicles had windows blown out and other damage. YV email continued to be functional through offsite means and agency personnel took care of business via cell phones. The Wichita Regional SRS Office set up emergency offices in Oaklawn and Derby to provide replacement food benefits for people enrolled in the Supplemental Nutrition Assistance Program (SNAP) who were affected by the tornado.

SRS is the lead and coordinating agency for the Kansas Emergency Support Function 6 (ESF-6). Following a state or federally declared disaster, ESF-6 partners and collaborates with multiple agencies and organizations to assist disaster survivors in obtaining mass care resources such as:

- Sheltering
- Meals
- Emergency first aid
- Bulk distribution of emergency relief items
- Emergency food assistance
- Support and services for functional needs populations
- Emotional Support
- Housing
- Pet Sheltering
- Disaster well-being inquiry

SRS Disability and Behavioral Health Services is the state agency responsible for oversight of the Kansas State Crisis Counseling Plan that provides crisis counseling in the event of a disaster. SRS contracts with Kansas Health Solutions (KHS) to implement the All Hazard's Behavioral Health Plan and the Crisis Counseling Plan. KHS provides statewide disaster planning for the Community Mental Health Centers (CMHCs) in the form of technical assistance for writing disaster response plans, table top exercises, and FEMA Core Trainings.

A Homeland Security Exercise and Evaluation training Course, taught by the Kansas Division of Emergency Management, was held December 13-15, 2011. The course provided an overview on how SRS can actively participate in planning, designing, and implementing exercises in which it is involved.

The Homeland Security Exercise and Evaluation (HSEEP) Training Course was a two and a half day course that taught exercise related topics. Exercises are the primary tool for assessing preparedness and identifying areas for improvement, while addressing solutions and priorities. Exercises allow participating entities and systems to address gaps, deficiencies, and vulnerabilities in a safe environment prior to a real event. An exercise can range from being simply a discussion/presentation to acting out the actual disaster. Topics included program management, design and development, conduct, evaluation, and improvement planning. FEMA requires that agencies who conduct exercises follow the HSEEP guidelines. SRS frequently participates in exercises with the Kansas Division of Emergency Management.

FOSTER AND ADOPTIVE PARENT RECRUITMENT This section of the APSR update and the relevant attachments specify details of the 2012 recruitment plans. Recruitment and Retention Plans for 2013 are included in Attachments 51A, 52A, 53A, 53B, 54A, 55A and 55B.

CWCMPs are aware that successful recruitment of families that can serve the needs of children in care lead to better outcomes for them, so many of their initiatives focusing on things like placement stability and family like settings have a foster parent recruitment component. It is still sometimes difficult to find families to take hard to place children, such as large sibling groups, children with special needs and children with behavioral problems.

The Reintegration/Foster Care/Adoption Providers each have developed recruitment plans that include general, targeted and individual recruitment strategies. General recruitment events may include representatives from several or all Child Placing Agencies in a Region, and include older youth, foster parents, the faith community, school personnel, and other community partners. Targeted recruitment efforts focus on recruitment and retention of foster families who reflect the ethnic and racial diversity of children in their region who are in need of out of home placement. Participants in targeted recruitment activities may include audiences of individuals familiar with working with special populations, people in the helping professions, Hispanic television and radio stations, NAACP, African/American fraternities and sororities, and churches that have memberships with a large number of minorities in their congregation. Targeted recruitment also occurs in communities specified as needing more foster homes based on referral and placement data.

The Children's Alliance is administering funding to support recruitment activities. The CWCMP providers meet monthly with the Children's Alliance and report out recruitment activities. The Children's Alliance reports recruitment efforts in a statewide report and submits the report to SRS each month. They have set up a Web-based calendar for all Child Placing Agencies in the state to share recruitment activities. Website links to the Providers' recruitment calendars have been added to the Children's Alliance website. Also, the Children's Alliance and Child Placing Agencies in Kansas have joined forces and funds to pay for recruitment ads on radio and television.

CFS participates in the Adopt US Kids Campaign to recruit and train more foster families. Adopt US Kids forwards information about Kansas individuals who have contacted them to the statewide Adoption Exchange Provider, Kansas Children's Service League (KCSL). Individuals who contact AdoptUSKids about

Kansas children are also referred to KCSL. This provider contacts the individual/family, provides information about adoption/fostering in Kansas, and begins the process of tracking their progress toward placement of a child. KCSL maintains the Kansas website, AdoptKSKids, and coordinates with AdoptUSKids to lists the children's profiles, when appropriate, on the national website as well. KCSL has maintained the Adoption Exchange for a number of years, and this will streamline and shorten the process of responding to families who are interested in adoption. The Adoption Exchange Provider also partners with the CWCMPs to organize adoptive home recruitment activities across the state. Television and newspaper profiles, Klicks for Kids Exhibits, church bulletin inserts and community events are scheduled throughout the year.

In SFY 2012, SRS posted an RFP to provide \$300,000 in Adoption Incentive funding to be used for the purpose of initiating a statewide marketing campaign and an innovative recruitment strategy to promote the adoption of children who are in Kansas' foster care system and do not have an adoptive resource. For additional information, see page 107.

Through a contract with Children's Alliance of Kansas, CFS continues to operate a toll free number for persons to call when they are interested in learning more about becoming a Kansas foster family. Children's Alliance of Kansas staff will continue to provide interested individuals calling this telephone number with information about the local licensed child placing agencies in the individual's county or will ask those agencies to make contact with the person. The caller chooses which contact method they prefer. The State of Kansas Foster and Adoptive Parent Recruitment Plan is in Attachment 51. For Foster and Adoptive Parent Recruitment and Retention Plans for the CWCMPs, see Attachments 52, 53, 54, and 55.

Data on Placements and Types

| | No. of Foster Homes on 12-31 | Children in Foster Homes (No. and %) | Children with Relatives (No. and %) | Children Adopted by Relative/Foster Parent (No. and %) |
|---------|------------------------------|--------------------------------------|-------------------------------------|--|
| FY 2008 | 2331 | 3312 59% | 1400 25% | 659 93% |
| FY 2009 | 2574 | 2907 58% | 1255 25% | 788 97% |
| FY 2010 | 2526 | 3056 58% | 1486 28% | 705 98% |
| FY 2011 | 2420 | 3028 59% | 1556 30% | 739 97% |

In SFY 2010, approximately 42 relative placements were also licensed as foster parents, and there were 2644 approved relative placements. As of February 29, 2012, there were 120 licensed relative placements and 2779 approved relative placements.

Placement Stability Projects

To assist with placement stability, Youthville placement staff call the resource family a few days after a new placement to see how things are going and if they have any questions or concerns. Information gathered is shared with appropriate parties for follow-up. Also, placement department employees continue to build relationships with foster parents so that communication remains open and placement matching is possible. Youthville Foster Care staff focus on the Crisis, Safety and Stability Plans that are completed regardless of the level of care.

The Placement Supervisor and Client Support Services Director at Youthville meet regularly with the Special Projects Manager regarding Placement Stability to identify specific disruption trends and analyze data in order to provide interventions to maintain stability for children. Permanency Program Directors, the Kinship Supervisor, and the Foster Care Department developed Placement Stability Assessments for Structured Decision Making and training has begun. This was a collaborative effort between Youthville, KVC, and the Children's Research Center (CRC). The Permanency Specialized Services Department has implemented a Placement Stability Liaison position to provide clinical consultation and intervention with facilitating coordination of care meetings for clients in the 1st and 2nd placement that are at risk of disruption. This position will also be responsible for tracking compliance of placement stability action plans developed in the Coordination of Care meetings.

The YV Placement Dept. provides disruption report data to the Permanency Services Team supervisors on a monthly basis. In order to promote placement stability, the 2 steps outlined below continue to occur regularly. In addition, both Foster Care staff and Permanency Services staff have taken on the responsibility to initiate Coordination of Care staffings as needed to maintain placement stability.

1. Placement Coordinators place calls to all resource homes after making any planned placement. Placement Dept. staff ask a series of questions to explore how the placement is going and determine any initial needs or discussions. Calls are made within ten business days of making the placement. Any concerns/issues that the placement may have will be responded to by the Permanency Specialist within 3 business days.
2. The Placement Dept. sends an email reminder on all placement notifications that are sent for all first and second placements. The email reminder is: "This email message is being sent as an alert that this child or youth is now being placed into their first or second placement. Your efforts to support this placement are greatly appreciated. Placement stability is beneficial for children and youth in achieving timely permanency. Thank you for your partnership in this worthwhile cause."

During the third quarter of the SFY, YV's Foster Care Department identified 5 top priority focus areas that will support and enhance placement stability.

1. Training foster homes – foster care is developing a training track for all new foster homes. The trainings will be focused around supplying foster parents with the tools needed to support any child no matter the intensity of their needs. This will give foster parents the skills needed to maintain the children in their homes regardless of their level of care.
2. Foster Care Worker Job Description – foster care is reviewing the foster care worker positions to explore the idea of creating one job description for all licensed foster care workers. Currently the program has different positions that support homes based on the types of children they place. For example some workers support homes that serve the children with higher needs and some support the homes that care for children with fewer needs. Creating one job description will allow the staff to have the skills to support any foster home and meet their needs despite the type of placement in their home.
3. Data Driven Performance – foster care is reviewing all data related to MAPP/DT and licensing processes. The goal is to identify any gaps in practice where we could improve processes to increase the number of families enrolling in MAPP/DT, complete MAPP/DT, and successfully

license. Foster Care understands the more homes and family options contractors have to choose from the better placement matches can be made for children therefore impacting placement stability.

4. Foster Parent Expectations – foster care is reviewing what is expected of foster parents and how that information is shared with them. Foster parents need clear expectations to follow and for foster care staff to hold them accountable to those expectations. Keeping children stable in placements is an identified expectation.
5. Structured Decision Making (SDM) – Youthville is working on SDM data/assessment sharing processes between the permanency contract and foster care. When assessments are shared between departments and staff understands how to use the assessment information to assist in making good matches between children and foster homes this will improve placement stability. As noted above, good matches right from the very beginning of placement, increase the opportunity to have well maintained placements.

In 2012, placement stability efforts at SFCS are an ongoing part of day to day practice, starting in the Care Center at the time of initial referral, continuing with decisions around every move throughout the life of each case, to decisions around moving children closer to the end of their stay in OOH care. SFCS strives to make the first placement the last placement for every child in OOH care. As part of the Performance Improvement Plan, a number of strategies were identified, developed and implemented to improve placement stability at all levels across Reintegration Foster Care/Adoption and Foster Care Homes programs.

One of the areas identified during the year was the need to incorporate trauma informed care across all programs within SFCS. The planning and development stages were already in place and the training phase began in March 2011. SFCS recognized the need to provide training for staff across all SFCS programs, from the corporate level to field operations. Along with the training came a planned, concerted effort to change the culture of the organization as well as how to conduct business with other providers. The SCFS plan also included education for foster parents.

From March 2011 through May 2012, SCFS completed 14 sessions of Trauma Informed Practice training. Each session included two full days of training. Participants were from the Reintegration, Adoption, Kinship, Outpatient Clinic, Foster Care Homes, Family Preservation, Residential, and Outreach programs and consisted of Vice Presidents, Directors, Supervisors, Therapists, Case Managers, and Family Support Workers. A one day condensed version of the training was held for Drivers and Administrative Staff. Overall, 253 staff participated in the training. The model used was derived from the National Child Traumatic Stress Network. SCFS continues to provide courses for new staff three times a year.

In October 2011, two full day sessions of Stress, Burnout, and Secondary Traumatic Stress training were presented to 56 SFCS Vice Presidents, Directors, and Supervisors by Jeff Bormaster of the Child Welfare League of America. Jeff also provided five full day sessions of Trauma, Engagement, Empowerment, and Achieving Results training in April 2012 to a total of 173 staff of all levels in all programs. SFCS also provided trauma informed care training connecting its relationship with the importance of placement stability for SFCS foster families. Ten trainings were held at four locations across the state with 94 foster parents attending. In the future, SCFS will be providing two sessions of a one day condensed version of

the Trauma Informed Practice training to the Wichita Area SRS staff. A meeting is scheduled to discuss it with the SRS Supervisors on May 24th.

A huge piece of placement stability is having sufficient foster homes to meet the needs of children and allow for good matches. To meet the needs of children and youth needing foster care placement the following strategies were developed and implemented by SFCS to increase recruitment and improve retention of foster families.

- Developed and piloted the iConnect (SFCS' internal website) Recruitment site that shares recruitment goals, information and needs along with recruitment materials to facilitate recruitment efforts with all program staff.
- Recruitment goals have been defined; tracking is in place and recruitment scorecard has been developed for review in monthly PI meetings.
- Utilizing Recruitment Needs Report on iConnect for community presentations and monthly review with recruitment teams.
- Area specific needs are communicated to community partners through recruitment presentations.
- Provided recruitment kits to current foster families who are interested in assisting with community recruitment efforts in south central area.
- Started Ambassadors in Action community volunteer groups to assist with recruitment efforts in south central area.
- Redesigned SFCS' public website to be more user friendly for those inquiring about foster care and adoption.
- Foster parent profiles on the SFCS website and press releases feature families who provide care for these populations of children.
- Provided trauma informed care training to cultivate/grow current families into families who can care for high needs children.
- When families inquire about fostering, if they are interested in these populations their application, training and licensure is expedited.
- Foster parent mentors are assigned to prospective families interested in these populations.
- Provide additional financial incentives to foster families who refer and support prospective families through licensure and placement who will accept teenagers.

Another strategy employed by SCFS was aimed at increasing the number of children going directly into kinship placements at the time of referral. In order to improve "day-one" kinship searches, SFCS partnered with SRS to improve the type and amount of information received with initial referrals. SRS South Central Program Administrator put a plan in place to improve and monitor information shared at the time of referral, including detailed referrals, FBAs, safety plans, and background clearances.

Several strategies were refined or newly implemented to prevent placement moves/disruptions including the following:

- Refined the process for completing placement plans for high needs children at the time of placement through the Care Center.
- All cases where children are in their 1st and 2nd placements are now reviewed during regular monthly PI meetings at each office. Data for all children in their 1st or 2nd placement is provided and identified cases are reviewed for needed supports and any issues that might cause a move/disruption in placement. Staff then develop and implement case specific strategies to prevent moves/disruptions.

- The process for holding placement stability staffings was refined. Training was completed across the region with Reintegration, Adoption, Foster Care Homes and Kinship staff. SCFS continues to have one staff person assigned to scheduling, facilitating and following up on placement stability staffings and decisions made.
- A process to increase clinical support to review cases involving high needs children was developed and implemented. SCFS now utilizes internal therapists to provide case consultation in the field for high needs children including a schedule for ongoing reviews in each office.

Communication is challenging for SCFS as they are spread across 53 counties and 13 offices. They made a concentrated effort to improve the flow of information between placement staff and field staff including the following:

- Created a placement referral automatic tickler system through email to notify Directors and Supervisors of the first sign of possible moves.
- Developed and implemented a protocol for communication between staff in order of priority 1) Phone; 2) Text; 3) E-mail for all moves.
- Implemented a process through the Care Center for notifying and obtaining approval from the assigned Area Director (or designated staff in their absence) prior to all moves. All Directors notified their staff of the need to obtain their approval for any moves.

SCFS placement stability outcomes continue to improve and it is evident that a combination of the above strategies has had a positive impact on placement stability for children in OOH care.

Placement Stability has been an ongoing focus for KVC this year. They have achieved 2 of the 3 placement stability outcomes. Internal staffings to ensure foster homes are meeting the needs of children effectively have increased, and structured documents and meetings have been implemented.

Strategies include:

- “Good Start®” and “Continued Success®” meetings with foster parents to assure that foster children are doing well in their homes
- In-home Family Therapy and Trauma Systems Treatment to support children in foster care
- Development of support plans for foster parents
- Targeted recruitment for families to serve special populations of foster children
- Training staff and foster parents on the importance of placement stability and maintaining connections, and the impact of frequent moves
- Continued efforts to locate relatives/kin and place children with them if possible
- Increased communication between case managers and foster home workers
- Focus on Concurrent Case Planning when appropriate
- Inclusion of foster parents in initial team meetings, case planning, and other aspects of provision of care
- Improved foster parent/child matching, including pre-placement visits when feasible
- Mentors for new foster parents.

KVC - Now that adjustments have been made to the reporting systems, the Placement Stability group is focusing attention on identifying any disruption patterns based on the data. An incentive program for foster parents that accept and maintain high needs children is being explored. Good Start meetings are required by policy to occur when a KVC child is placed in a KVC home and Continued Success meetings occur as needed, particularly when there is indication that there may be difficulty in the placement.

In SFY 2012, TFI continued to monitor disruption reports very closely to ensure the provisions of optimum family support when they reach a point of giving notice. TFI also implemented a summer placement stability plan. This spring the placement stability task committee researched disruptions that took place during the months of June through August, 2011. The past three years disruptions for TFI peaked during this time. The research analysis produced a target area of three locations that historically accept placements that fall within the identified target group. The Resource Family Service Workers have been tasked with developing a Summer Plan with the youth and the foster family that will be administered to all youth over the age of 13. TFI found through surveying the foster families that have disrupted during the summer months, the primary reason they believe the youth disrupts is because they do not have enough structured activities during the summer months to keep them busy. The youth become bored and begin acting out or engage in activities that bring them negative consequence. Nicole Fox Phillips is the RFS Manager that will be providing direct oversight of this pilot project.

Kansas did a presentation titled "Using Data to Better Understand Placement Stability" for the National Research Center on Child Welfare Data and Technology on May 2, 2012. The Power Point document is Attachment 56.

MONTHLY CASEWORKER VISITS

Monthly child/worker visits are required per Kansas policy and are a part of the contracts with the Child Welfare Case Management Providers. Child/worker visits are required for in-home family service and family preservation cases in addition to out of home foster care cases. The relationship between the Case Management Provider and child is critical and ensures the child's continued safety at home or in out of home placement, ensures developmental needs are met, and the child is maintaining optimal connections with birth family, relatives/non related kin, foster family and the community. The Case Manager works with the child, birth and foster family on scheduling visits and interactions. The worker gives the child, on a developmental and age appropriate level, information as it affects the child's life.

Caseworkers provide the child, at every visit, a means of contacting them and listen to the child's perspective of how well visits and interactions are going and the child's assessment of how the goals of the case plan are being met. They observe the child's reactions to information presented, and assess safety or failure of the child to achieve developmental progress. From these visits, the Child Welfare Case Management Provider (CWCMP) determines when modifications to the case plan are warranted.

The Kansas Youth Advisory Council developed a Monthly Individual Contact Tool to be used every time a visit occurs with a youth. It is a tool to facilitate and support communication with youth and the workers who have contact with them. It was updated in SFY12 so it is more streamlined and easier for youth to use. Per Kansas Policy face to face worker/child contact must occur a minimum of once a month. Such contact may be with the Case Management Provider case manager or a paraprofessional, who is part of the child's case planning team. A primary contact, Case Management Provider case manager or paraprofessional is designated on the visitation form. Plans for Worker/Child contact is made at the Family/Child Case plan meeting and documented on the Visitation Plan. Worker/child visits are also required for in-home and family services cases where services are provided by SRS staff.

Beginning July 1, 2007, the child welfare case management providers were required to report each out of home monthly caseworker visit through encounter codes. Two codes are used, one to indicate the visit took place in the child's residence and one to indicate the visit took place elsewhere. No distinction is made between in-state and out of state visits. They both have the same requirement for a monthly

visit. The encounter codes are entered by the Child Welfare Case Management Provider responsible for management of the case, and each month the results are reviewed for trends and improvements. Federal funding has been provided to Child Welfare Case Management Providers for efforts to improve caseworker visit percentages and maintain the successes. Strategies include:

- Supervisors reviewing calendars with case managers at the beginning of each month to ensure a worker/child in placement visit is scheduled
- An auto generated mid-month report from the MIS to directors, supervisors, and case managers indicating which visits have already occurred
- Supervisory oversight weekly on visits as they are being done
- Protected time prior to the monthly upload of information to allow case managers time to log their contacts
- All office reports of congratulations, including small incentives, for successes and noted improvements each month
- Corrective actions taken with staff who fail to meet the monthly worker/child visits and or timely documentation
- Monthly review of information uploaded with expectations that any noted errors (late log entries; inaccurate logging codes used) will be corrected within a short timeframe, as identified by the area director for re-submission to SRS
- Reconciliation efforts each month between the contractors MIS and SRS
- Individual staff or office recognition from senior management for successes or noted improvements
- Reductions in case manager caseloads
- Hiring of extra support staff.

Strategies that continue to demonstrate effectiveness include:

- Office laptops available for all staff, in some agencies, which allows them to complete logs at locations and times more convenient for their out-of-office time
- Assigned laptops for certain staff, also allowing more flexibility for timely log entry
- Supervisory support and oversight in planning monthly face-to-face visits for each month.
- Scheduling visits to occur within the first part of the month, thus allowing the last week for rescheduled meetings as needed
- a daily worker level report which shows (color-coded) worker completion of contacts for the current and previous month
- Automatically-generated reports go to supervisors and directors on the 15th of each month, noting which worker/child visits have been logged thus far that month. This serves as a prompt for supervisors to gauge how staff are doing that month
- All-office reminders throughout the month of the importance of consistent visits and timely logging
- Office and personal rewards and incentives for high achievement or improvement in completing visits and entering logs in a timely way.
- Development of a form to document the visits that serves several purposes: improve the quality of the contacts by reminding staff of key areas to review; assure safety is assessed; provide an easy format to complete documentation; and improve data entry by using a consistent form for documentation of the visits

Two of the CWCMPs are working with the Children's Research Center to implement Structured Decision Making. SDM® is aiding in identifying key areas around safety threats (immediate or imminent danger)

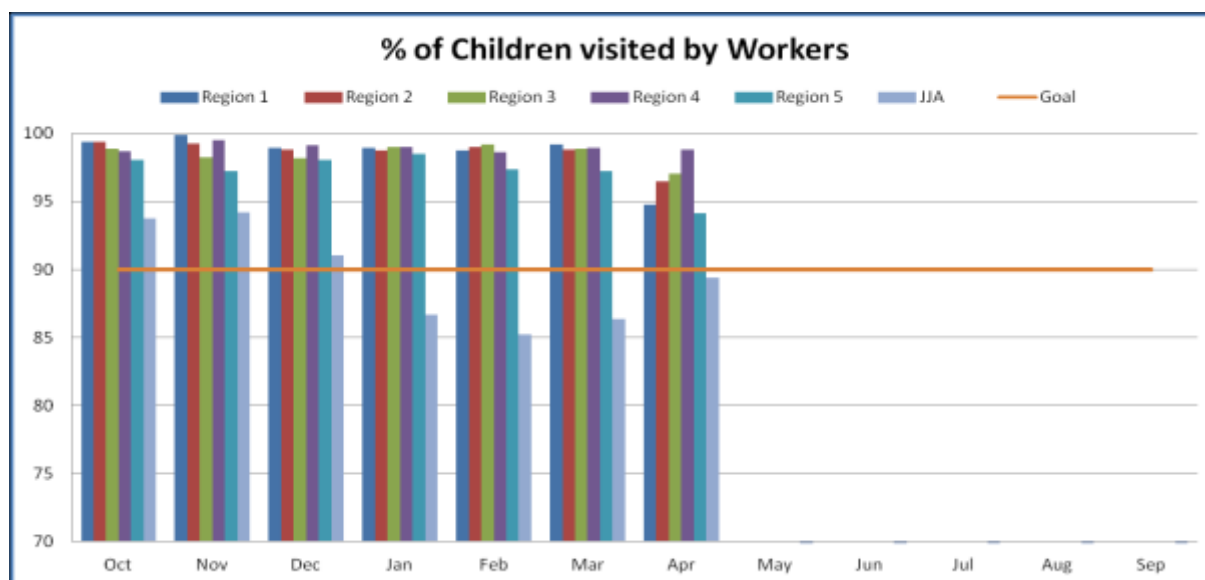
and risks (anything that has the potential to become a threat without mitigation). A part of this model includes reviewing contact requirements with staff and providing tools to document both the frequency and the quality of the child/worker visits.

The improvement goals are to increase performance to 60% for FFY 2008, 70% for FFY 2009, 80% for FFY 2010, and 90% by October 1, FFY 2011. Kansas has met our improvement goals for FFY 2008, 2009, and 2010. Kansas is striving to meet the final goal of 90% frequency of worker/child visits for FFY 2011.

FY-2012

Statewide % of Visits made on Monthly Basis - YTD

90.00%



In SFY12, the SFCS focus has continued to be on thoroughness, safety and the well-being of the child. They implemented several procedures that help insure the thoroughness and effectiveness of the Worker/Child visit. To assure a protocol for Worker/Child visits, SFCS developed a form with thorough instructions to the worker. Workers now type notes into the data system, so they are easily retrieved when the workers are writing updates, case plans or court reports. Also, supervisors can monitor the consistency of the worker/child visits electronically. Twenty high speed scanners were purchased that automatically scan both sides of the Worker/Child form. Staff fill out the form at the time of the visit and then scan/attach the document with the proper worker/child visit code when back at the office. Programmers have enabled eKidz to automatically pull the forms into the data base and attach them to the activity note. This allows for thorough documentation of over 1,200 visits per month, monitoring the number of worker/child visits per month, and who is effectively using the form with visitation protocols clearly spelled out. To enable eKidz to pull the forms into the activity note, one computer programmer spent 160 hours of programming time working on the project. SFCS also ordered 100,000 copies of the revised form to meet needs for the next year.

At TFI, on July 1st, 2011 a new version of Teknotes was introduced to staff. The new version leads a worker to document the quality of the visit with each child. It has greatly improved documentation for worker child visitation. Quality Improvement activities included conducting peer audits to assess the

quality of visits and analyzing the results. TFI Family Services has improved in this area in recent months.

In SFY12, the tickler system was moved to the TFI Intranet so workers can check it every day and have a list of what Worker/Child visitations are still needed during the month. The change to the tickler system for each case manager continues and allows for daily updates of what visitations are completed in the Teknotes system. This improvement has assured all visits are completed and the supervisor can monitor them on a daily basis. District managers provide additional reminders and alleviate barriers identified for further oversight. This additional oversight has proven effective.

Additionally, supervisors and managers worked on strategies for increasing the number of reports received for ICPC cases to ensure worker/child visitations are happening in other states. Workers include requests for visitation monthly with each child and regularly request reports about those visitations to provide documentation for the case files.

Caseloads for teams (case manager and family support worker) were lowered from 20 children per team to 18 children per team to allow workers time to be able to meet all visits. It allows staff to conduct quality visits and complete documentation. The reduction in caseload size continues to allow staff time to meet visitation standards.

Each month supervisors are required to assure that all monthly visits are completed. Since TekNotes implementation supervisors can review reports in FACES to know what visits have been completed and entered on a daily basis. Supervisors then provide daily oversight to assist workers in completing all worker/child visitations. The tickler also alerts supervisors in the last week of the month to follow up with staff for any visits not yet completed. Our Data Entry department also runs a preliminary report before the end of the month to determine what visits are not documented in FACES. This has allowed supervisors to review and ensure the data is correct, to ensure staff are completing visits, or to correct data not entered. No initiatives have been added as the current strategies have proven successful thus far.

At Youthville

- Staff focused on assuring all new referrals have documented monthly contacts, at times by more than one support unit along with the assigned Permanency Specialist and/or the Permanency Support Worker. This resulted in exceeding the state outcome of 90%. Directors will continue to focus Supervisor efforts on continuing to meet the outcomes at 90% or higher. Youthville has focused on messaging the importance of conducting a minimum of monthly contacts with children assigned to staffs case loads, stressing the value of regular contact in the child's residence. Directors continue to focus Supervisor efforts on continuing to meet the outcomes at 90% or higher.
- Front line staffs continue to utilize the daily color coded W/C report as a reminder to schedule regular contacts with the children they serve and to identify visits that have not yet been conducted during the month. The daily report also serves as a reminder to staff to complete logs documenting the contact with the child. The Information Management department continues to provide service hours and support assuring the daily reports are generated consistently and that the reports are pulling accurate data from the software system.

- Quality Management Coordinators monitor the quality of the interaction through review of documentation in the case logs. Areas needing improvement are communicated to the staff's immediate Supervisor and department Director. Trainings are provided individually and with teams as the needs are identified.
- **Structured Decision Making®** implementation and development continues. Continued work on report development to track compliance and completion of identified assessments according to designated timelines has been the focus. In SFY 2012, on-going support from the Children's Research Center (CRC) has allowed Youthville to identify data elements crucial to determining the efficacy of implementation.
 - Shannon Flasch, of the Children's Research Center, has been and will continue to be available for consultation.
 - Work on developing the SDM IT system continues. During SFY2012, progress on assuring accurate data reports has been made. This information will be used to assess SDM's effectiveness in achieving safety and timely permanency for children served.
 - CRC hosts a monthly web meeting to discuss implementation issues. The Permanency Services Training Coordinator has conducted refresher trainings on the use of each assessment with all staff on each of the Permanency Services Teams. In SFY 2012, individual training has been provided as needed.
 - CRC provides onsite technical assistance on a semiannual basis which includes comparative case reading of randomly selected case files to assess both worker completion and supervisor support and review of the assessment tools. Shannon was on site at Youthville in Wichita in April 2012.
- Youthville continues to support the use of the worker/child log created by the Kansas Youth Advisory Council (KYAC) as part of the CFSR PIP process.
- Electronic Logging (eLogging) systems which have been developed continue to be utilized throughout the Permanency Program. This effort has greatly decreased the amount of time between an event and the documentation and encountering of that event.
- Worker/Child Outcomes and status are reviewed by Permanency Services team Supervisors with staff members on a weekly basis. Discussion occurs on how to prioritize the completion of W/C contacts and ensuring staff members are seeing children in their homes.

ADOPTION INCENTIVE In FY2013, DCF plans to amend the contract with Sunflower Broadcasting to produce a video to be used in the faith based community to recruit foster and adoptive families.

The FFY 10 Adoption Incentive grant award was \$531,438. These funds must be obligated by 9/30/12 and liquidated no later than 12/31/12. Three regions received funding for their safe reduction or prevention projects in the amount of \$65,000. The remaining balance will be awarded through a competitive bid process starting in June 2011 and will focus on adoption recruitment.

FFY 11 Update - Adoption Incentive funding in the amount of \$300,000 is being used for the purpose of initiating a statewide marketing campaign and an innovative recruitment strategy to promote the adoption of children who are in Kansas' foster care system and do not have an adoptive resource.

Review of research, including survey and polls statewide, will be necessary to identify the types of families who would be good resources to adopt children who have special needs, including age 8 or older, part of a sibling group, minority or disabled, or display behavioral problems. The campaign will clarify misconceptions about adopting children from out of home care and point out the benefits available to adoptive families.

The targeted recruitment campaign will include producing public service announcements in English and Spanish to be aired in newspapers and on television, radio, and through social media networks. The PSAs will focus on the rewards of adoption from foster care and be focused to the appropriate audience. The possibility of producing an adoption TV special featuring families who have already adopted a special needs child, including age 8 or older, part of a sibling group, minority or disabled, or display behavioral problems from out of home care will be explored.

Marketing kits and materials will be developed and available to adoption specialists, faith-based and community-based organizations, adoption advocates, or anyone who can deliver the materials and the message about public adoption. The marketing kits will include printed materials utilizing information and testimonies of families who have successfully adopted special needs children. They will also be available on DVD to be shown in small groups such as adoption orientations or as Public Service Announcements (PSAs) for the media.

This contract will contribute to SRS's goal of increasing the number of adoptions of children in foster care to 800 for fiscal year 2012. The successful bidder was Sunflower Broadcasting, Inc. The contract award started March 2, 2012.

The agency committed \$83,904 of the award to complete adoption records archiving. CFS hired four temporary administrative assistant staff to prepare official and confidential records for permanent archiving and storage. The staff prepares a coversheet for each child, filled out with information found in various locations in the paper file. They make copies of torn documents, assuring copy is able to be read. These documents are extremely old and most are falling apart. Staff take great care to assure each page is unfolded and copied without destroying any information. Once the adoption record is prepared it is sent to the record center for storage and eventually will be microfilmed.

QUALITY ASSURANCE SYSTEM See Table at the end of the section.

Challenges identified and addressed with the QA System are most frequently posed by changes in policy. Policy changes are posted and routinely addressed in quarterly meetings and policy venues every six months. These changes in practice, documentation and/or data entry requirements necessitate the on-going activities outlined in #9 below.

Children and Family Services developed and implemented an integrated strategy of quality assurance which seeks to avoid system overlaps or gaps. It monitors system performance and follows-up on areas needing improvement, as well as, identifying those elements leading to best practices and program improvement. Key elements include;

- the current case review process and data monitoring
- automated contract and CFSR outcomes monitoring
- the development of an automated training evaluation database. The training evaluation database tracks training provided by the Children's Alliance of Kansas to SRS and

Contract staff, and includes an evaluation of each training session attended. Results are forwarded to CFS for review, and the quality of training received is assured.

The CFS Performance Management Organizational Chart (full process description in Attachment 57) describes the quality assurance system the state will use to regularly assess the quality of services under the CFSP and assure steps will be taken to address identified problems. The CFS Performance Management steps are as follows:

1. Manage the case read process and case read on-line application
2. Prepare data and reports for CFS Program Managers, Statewide Coordinators and Case Read Experts meetings.
3. On a scheduled basis for a rotating subset of questions, review case read results and identify strengths, weaknesses and ultimately prioritize areas of focus for Program Improvement activities.
4. Provide findings to Statewide Coordinators for inclusion in their Program Improvement activities. Opportunities for improvement that involve systemic policy, contract or practice issues are discussed with SRS Regional PI Directors. The PI Directors then work with their Provider PI Directors and key staff to establish and implement program improvement steps and activities.
5. Receive feedback and Program Improvement recommendations from Statewide Coordinators and report to CFS Leadership for feedback. {Continue loop as necessary for individual items.
6. Design new and modify existing performance indicators as identified through performance management activities.
7. Facilitate compliance with Federal, State and SRS regulations, and maintain current policies and procedures for the CFS Program and Policy Management.
8. Provide the results of Performance Improvement activities to CFS Leadership and Statewide Coordinators.
9. Review feedback from Case Read Experts regarding case reader inconsistencies and support follow-up discussion/training activities for case readers. Review meetings are attended by case read experts, supervisors, field staff and Provider staff. The purpose of the meetings is to clarify for all involved the requirements contained in each case read instrument, the work necessary to satisfy those requirements, and the documentation required to demonstrate that the work was provided in a timely fashion. The Central Reporting Application provides supervisory reports for use in individual supervision. Supervisory reports are pulled for individual field staff and contain case level detail on areas in need of training/improvement.

Revised Case Read Instruments

Case read instruments for AFCARS, Foster Care IV-E Eligibility intake and assessment, in-home and out-of-home and adoption assistance are regularly up-dated with new instructions and tips for case readers to provide clear and concise tools. A new case read instrument for Adult Protective Services, cases assigned, was initiated for the FY12Q2 period under review. In follow-up to issues identified during quarterly reviews and/or changes in policy updates such as clarifications or new instructions may be added to one or more case read instruments on a quarterly basis. An example includes: Out of Home case read instrument – Clarification added to instructions for question #23 Did visitation between siblings (in DCF custody and in separate OOH placements) occur at least twice a month? – Added to instructions; "These visits may occur in conjunction with parent/child interactions."

CFS has worked towards improved data compliance through the use of the Case Read process for AFCARS as well using additional tools to help the field offices identify and make timely corrections for potential data entry errors. Increased communication between field offices, courts, providers and central office staff has shown a positive impact on the validity of Kansas's Child Welfare data. Kansas has successfully transmitted AFCARS submissions with fewer than 2% error rate for all data elements for the past several submissions. In addition, Kansas was successful in the early submission of NCANDS and met federal compliance. Kansas achieved our first submission for the National Youth in Transition Database federal reporting with a successful transmission and 99.83% error free. With further clarification of population definition for child/worker visitation reporting, Kansas resubmitted FFY 2010 with an increase in performance to 93.3%. See AFCARS PIP, Attachments 58 and 59. In SFY 2012, CFS is in the close out phase of the improvement plan process. Five test case scenarios were entered in FACTS and have then the data was extracted and CFS submitted files to ACF. CFS is waiting for ACF to determine if we have successfully completed the AFCARS improvement plan.

Methodology for establishing the Kansas SRS/CFS Case Read Sample:

The case read sample for each type of read is derived from the respective case population that has been active during the last three months in a twelve month period under review. A "Stratified Random Sample" strategy is utilized to establish the sample size. The statewide population is broken out by SRS Region. The number of cases in the sample for each Region is proportionate to the number of cases in the total population for each Region. Cases are assigned a random ID number and randomly selected until the correct percentage for that Region is achieved.

The number of cases in the sample is set at a level sufficient to maintain statewide statistical validity. This level is established by consulting a table of recommended sample sizes from the SRS Office of Strategic Performance Management in conjunction with the availability of case review staff resources at the Regional level.

Effective January 1, 2012 SRS Regions were realigned from six to four regions and the case read sample adjusted accordingly.

| Cases Read/Quarter – Sample Profile for Kansas SRS/CFS | | | | | |
|---|------------------|-------------|--------------------|-------------|----------------|
| | | SRS Regions | | | |
| Case Read Instrument | Statewide | East Region | Kansas City Region | West Region | Wichita Region |
| Intake & Assessment - Assigned | 220 | 59 | 47 | 57 | 57 |
| Intake & Assessment - Not Assigned | 120 | 30 | 30 | 30 | 30 |
| Sub-totals | 340 | 89 | 77 | 87 | 87 |
| | | | | | |
| Adult Protective Services - Assigned | 100 | 27 | 21 | 26 | 26 |

| | | | | | |
|-------------------------------|------|-----|-----|-----|-----|
| | | | | | |
| In Home - Family Preservation | 80 | 16 | 15 | 24 | 24 |
| In Home - Family Services | 20 | 6 | 4 | 7 | 4 |
| Sub-totals | 100 | 22 | 19 | 31 | 28 |
| | | | | | |
| Out of Home Services | 250 | 65 | 45 | 63 | 78 |
| | | | | | |
| Adoption Subsidy Services | 100 | 24 | 18 | 31 | 26 |
| | | | | | |
| AFCARS | 213 | 54 | 38 | 54 | 67 |
| | | | | | |
| Foster Care IV-E Eligible | 162 | 48 | 34 | 36 | 44 |
| Foster Care IV-E Ineligible | 199 | 52 | 35 | 60 | 52 |
| Sub-totals | 361 | 100 | 69 | 96 | 96 |
| | | | | | |
| Totals | 1464 | 381 | 287 | 388 | 408 |

SERVICES TO CHILDREN UNDER THE AGE OF 5

Kansas is still assessing this population to develop activities to reduce the length of time children in foster care under the age of five are without a permanent family. A plan to address any issues will be completed and ready for implementation by July 1, 2013. Activities to address the developmental needs of children under the age of 5 start with assessment tools to screen for developmental disabilities and mental health issues. The screening tool for mental health, the **Social-Emotional Screening Tool-R Children Birth to 5 Years**, was developed specifically for children age zero to five. If children age 0-5 screen as possibly having developmental or mental/behavioral concerns, CWCMPs refer them to Infant-Toddler or tinyK for further assessment. CWCMPs provide the services necessary to meet the needs identified by the screening tools. SRS monitors their efforts through case reads. There are 5 questions related to the provision of developmental or mental health services for children in foster care. They are:

- Q31 - During the PUR, did the agency conduct a formal or informal comprehensive assessment to identify services necessary for the child?
- Q32 - Were identified services initiated or provided to the child?
- Q55 - Did the agency assess the child's mental/behavioral health needs?
- Q56 - During the PUR, did the agency provide appropriate services to address the children's mental/behavioral health needs?

- Q57 - Did the agency assess and make appropriate effort to meet the child's developmental needs?

In SFY2012 Q2, all of the above questions had results of above 93%. These questions are answered for all ages of children, so Kansas needs to do further analysis to determine if the needs of children age 0-5 are being met, and if not, to work with CWCMPs to take advantage of existing services and develop services that are age and developmentally appropriate. Further collection and analysis of the data will be done by January 1, 2013. Kansas has gathered preliminary data, which is included in Attachment 60. The number, demographics, and developmental and mental/behavioral health issues can be tracked through FACTS. In April, 2012, 37% of the children in out of home placement are age 5 or younger, the average age of the 862 children awaiting adoption is 8.64 years, and of the 689 adoptions finalized this SFY, 51% were of children age 5 or younger. There are currently 10 children age 5 and under listed on the AdoptKSKids website. These children have a case plan goal of adoption and do not have an identified adoptive resource. All but 2 of the children are part of a sibling group. We anticipate this number decreasing as a result of the permanency roundtables that staff are experiencing in the field. While children age 0-5 were not a part of the population identified for the Roundtables, the CWCMPs have plans to integrate the model into their everyday practice.

During SFY 2013, Kansas plans to develop approaches for working with this population. A plan to address any issues will be completed and ready for implementation by July 1, 2013. The State already had policy that states "when a family report alleges abuse/neglect of a child under the age of six years old, a second contact with the child within 10 working days of the initial safety determination is required. The subsequent contact is for the purpose of ongoing safety assessment and shall require face to face interaction with the alleged victim who is under six years old. Whenever possible this contact shall occur in the child's home."

The Children's Alliance of Kansas, through a contract with SRS, provides/supports on-going training for Foster parents. Some of the training topics available for foster parents that are geared toward children age 5 and younger include:

- The Effects of Drugs on the Brain and Development
- Social Emotional Development in Young Children and Managing Behaviors
- Fetal Alcohol Syndrome/Brain Damage: The Link to Behavior
- American Heart Association Heartsaver Pediatric First Aid
- Helping Parents Understand a Child's Brain Development and How It Affects Behaviors
- Child Development
- Play Therapy and Child Development
- American Red Cross Adult/Child/Infant CPR
- American Red Cross 1st Aid-Adult/Child/Infant CPR
- Attachment 101
- Problems Facing Newborns and Babies in the System
- Preventing Misbehavior and Working Through Temper Tantrums
- Period of PURPLE Crying: A New Way to Understand Infant Crying
- Drug-Endangered Children
- Healthy Development and Attachment for Infants and Toddlers in the Child Welfare System
- Early Brain Development
- Developmental Milestones

- Understanding Speech Patterns
- Rocking the Child and Other Bonding Methods

CHILD MALTREATMENT DEATHS

Kansas uses data from our agency child welfare system Family and Child Tracking System (FACTS) to report child maltreatment fatalities to NCANDS. Maltreatment findings recorded in FACTS on child fatalities are made from joint investigations with law enforcement. The investigation from law enforcement and any report from medical examiner's office would be used to determine if the child's fatality was caused by maltreatment. The Kansas Child Death Review Board reviews all child deaths in the state of Kansas. Child fatalities reported to NCANDS are child deaths as a result of maltreatment. Reviews completed by the state child death review are completed after all the investigations, medical examiner's results and any other information related to the death is made available. The review by this board does not take place at the time of death or during the investigation of death. The state's vital statistics reports on aggregate data and not information specific to an individual child's death. Kansas is using all information sources currently made available when child fatalities are reviewed by the state child death review board. The NCANDS representative for Kansas was contacted in developing a response to the ASPR and making information consistent with NCANDS.

THE CAPTA STATE GRANT

NAME, ADDRESS AND FAX NUMBER OF THE APPLICANT AGENCY:

**Kansas Department of Social and Rehabilitation Services
Children and Family Services
Docking State Office Building, 5-North
915 SW Harrison
Topeka, KS 66612-1570
Fax: 785-368-8159**

STATE LIAISON OFFICER:

**Teresa McQuin, Deputy Director
Policy, Training and Emergency Management
Docking State Office Building, 5-North
915 SW Harrison
Topeka, KS 66612-1570
Phone: -785-368-8154
Fax: 785-368-8159
E-mail: Teresa.McQuin@srs.ks.gov**

APPLICANT AGENCY'S EMPLOYER IDENTIFICATION NUMBER:

48-6029925

DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS):

175-937-804

Describe substantive changes to State law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the State's eligibility.

No substantive changes to law or regulations relating to the prevention of child abuse neglect.

Describe any significant changes from the State's previously approved CAPTA plan in how the State proposes to use funds to support the 14 program areas.

The previously approved CAPTA State Plan identified the following items of area of focus in Kansas:

The program areas selected for improvement from the 14 areas delineated in section 106(a)(1) through (14) of CAPTA are areas (1), (4) and (7).

Area (1) the intake, assessment, and investigation of reports of abuse and neglect;

Area (4) enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols;

Area (7) improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers.

The State continues focus on improving statewide systems and increasing the consistency of statewide intakes, assessments, screenings and investigations of reports. Project updates for the current reporting year are described below.

Significant changes have been identified to revise risk and safety assessment practices, tools and protocols with assistance of a National Resource Center consultant. As changes to the tools were identified, it became evident a change is needed to the agency's practice model or standard of practice. To date no changes have been implemented and the focus was redirected to get stakeholder input regarding reforms needed to intakes, initial assessment decisions, on-going assessments and investigations. From October to December of 2011, a stakeholder group of regional SRS administrators, representatives from a Child Advocacy Center, an emergency shelter, agencies providing foster care, family preservation and other family services, a legislator and a foster-adoptive parent met to review agency data and policies, identify current issues and explore challenges and barriers. At the conclusion of these meetings, the stakeholders identified several recommendations which predominantly centered around increasing the number of social workers in the regions, reducing supervisor social worker ratios and improving supervisors' capacity to mentor and coach social workers regarding safety assessments. The stakeholder group concluded their work by meeting with the administration of the agency and consultants to deliver the recommendations and discuss next steps. As a result the stakeholder's input, the agency is advocating for additional social workers in the regions, exploring revisions to the expanded response of the agency and has made plans to use CAPTA funding for supervisor training and enhancing supervisors' coaching and mentoring skills.

Describe how CAPTA state grant funds were used, alone or in combination with other Federal funds to meet the purposes of the program since the submission of the CAPTA State Plan

CAPTA continues to be a primary tool that is utilized within the agency for providing education and resources surrounding the prevention of child abuse and neglect. Each of the regions has utilized their allotment of CAPTA dollars in a variety of ways. Activities for this reporting period have included:

Travel expenses for social workers attending training. This includes registration fees, lodging, per diem and mileage or car rental expenses. New social workers attend numerous training courses during the first year to eighteen months after employment. Experienced workers have on-going training opportunities and required hours to maintain a social work license in the State of Kansas.

Social Workers around the state attended statewide conferences related to child welfare including the 35th Annual Governor's Conference for the Prevention of Child Abuse and Neglect. A number of CFS Social Workers attended "Finding Words" training with multi-disciplinary teams from their communities. Other conferences and trainings attended included, a one-day training hosted by Kansas Alliance for Drug Endangered Children, the Attorney General's Crime Victims Conference, "Excellence in Supervision" Conference and special trainings brought to the regions. Registration and training travel expenses were covered as well as regional and local workshops or seminars. Specific trainings for SRS staff provided solely with CAPTA funds included worker safety training and interviewing skills. Reimbursement with CAPTA funds include travel expenses for regional social workers or supervisors to be co-trainers to deliver pre-service training

Additional resources purchased by regions from CAPTA funds include cameras. Cameras in the regions are used to photograph injuries during the investigation of physical abuse allegations or conditions of family homes for some allegations of physical neglect. Colored printers have also been purchased to adequately print pictures to store photos from investigations in the case records. Other purchases have included purchasing car seats meeting current safety requirements. Kansas law specifies different kinds of car seats depending on a child's age or size. To be prepared to meet a child's safety needs while being transported, it is necessary to have more than one type of child safety seat available.

In addition to supporting training attendance, CAPTA funds are used to provide training. CFS has an Interviewing Skills class as a required pre-service training. Additionally over the past 4 years, veteran social workers have been required to take the course. CAPTA was used originally to purchase equipment used to video tape two interviews per trainee during the four day training. CAPTA funds are used to help maintain & repair equipment when needed. CAPTA pays for actors to pose as children during the taped interviews.

The SRS Intake and Assessment Workgroup focuses on all intake and assessment policies, procedures and practices. The workgroup participants include social workers, supervisors, administrators or attorneys from each management region. This workgroup provides feedback regarding how policy and procedures meet the realities of practice and the impact on families. Travel expenses of workgroup members to attend meetings are paid with CAPTA funds.

During 2009 Children and Family Services worked with computer applications contractor, Harmony, to program and install an enhanced intake system for the Kansas Protection report center. The system developed guides intake workers through the interview process with reported information pre-filled into other forms as needed. The electronic process forwards

information to assessment social workers in a more consistent work process. All information is recorded on the same forms, in the same locations. Information regarding families involved in reported concerns is easily accessed by social workers, supervisors and administrators across the state. The electronic database has decreased errors and organized report information. Also, it allows the process, from receiving a report to assignment of a social worker to be more efficient and accessible at any point in the process by CFS staff statewide. The database was implemented in March, 2010. CAPTA funds partially supports the upgrades to this system which allows the improvements to be developed and implemented when more efficient processes are identified.

The Child Safety and Permanency Review Panel, one of the of the required citizen review panels and the CJA task force, recommended mandated reporter training. The recommendations specified standard curriculum and training made available at no or low costs. The agency's response indicated if a suitable current training was not available, the agency would develop training with the panel's recommended features. CFS has developed and made available a mandated reporter training specific to Kansas on-line at no cost. Currently, the agency is exploring ideas how to inform mandated reporters the training is available and how to access it. One strategy will be to inform all three citizen review panels of the on-line training opportunity. Additionally, The Child Safety and Permanency Review Panel is being asked for a recommendation regarding strategies to inform additional mandated reporters.

A new expense this year from CAPTA was a contract with a facilitator for two of the required citizen review panels. Following a Request for Proposal process, a contract was written with Connections Unlimited, Inc. The facilitator, in coordination with the panel chairperson, is responsible for preparation prior to panel meeting. The facilitator encourages and reminds citizen panel members of responsibilities prior to meeting so information is made available at next meetings. This contracted position assists in strategic planning with the two panels, facilitates communication and coordination of activities between the two panels. The facilitator has also been responsible for the three year assessment and annual report for the CJA taskforce responsibilities of one of the citizen panels. The contract was written for two years with an option of three one year renewals. Thus far, the panels express this contractor has been helpful for setting direction for the panels, made the meetings more productive and improved communication within the panels and between panels. It appears this contract will make the efforts of the citizen volunteers more productive.

Submit a copy of the annual report(s) from the citizen review panels, and a copy of the State agency's most recent response(s) to the panels and State and local child protective services agencies, as required by section 106(c)(6) of CAPTA.

The ASPR Annual Final Report contains Annual Reports from the State of Kansas' Citizen Review Panels:

- The Child Safety and Permanency Review Panel (CSPRP) and Response – Included in CJA report,
- Kansas Child Welfare Quality Improvement Council (KCWQIC)
- State Child Death Review Board of Kansas did not make any recommendations this year.

See Attachments 61, 62, 63, 64 and 7.

CAPTA Annual State Data Report Items:

- **Information on education, qualifications and training requirements**

| Position | Education Requirements | Qualification | Training Requirement | |
|-------------------------|---|--|---|---|
| | | | Pre-Service* | Annually |
| Intake Workers | Education may be substituted for experience | Two years of experience in general office, clerical and administrative support work | 12 hours | 1 hour minimum |
| Social Work Specialists | Bachelors level social worker | License to practice social work in the State of Kansas | CFS social work specialists = 78 hours KPRC social work specialists = 59 hours | 40 continuing education hours every 2 years to maintain a social work license |
| Social Work Supervisor | Bachelors level social worker | License to practice social work in the State of Kansas plus one year of social work experience | 11 additional program-related hours (to above) plus approximately 24 hours of agency-related training | 40 continuing education hours every 2 years to maintain a social work license |

*Pre-Service occurs within 90 days of employment

- **Data on education, qualifications and training**

| Position | Education | | | | | | Total |
|-------------------------|---------------------------|----------------|-------------------|-----------------|------------------|---------------|-------|
| | High School or Equivalent | 1 year college | Bachelor's Degree | Master's Degree | Technical School | Not Indicated | |
| Intake Workers | 20 | 7 | 10 | 1 | 1 | 5 | 44 |
| Social Work Specialists | N/A | N/A | 231 | 41 | N/A | 0 | 272 |
| Social Work Supervisors | N/A | N/A | 32 | 7 | N/A | 0 | 39 |

Qualifications and Training Requirements are met 100 percent for employees to retain employment.

- **Demographic information**

| Race | | | | | | | |
|----------------|----------|-----------------|-------|-------|-------|---------------|-------|
| Position | Hispanic | American Indian | Black | White | Asian | Not Specified | Total |
| Intake Workers | 6 | 0 | 2 | 36 | 0 | 0 | 44 |

| | | | | | | | |
|-------------------------|----|---|----|-----|---|----|-----|
| Social Work Specialists | 12 | 3 | 17 | 226 | 2 | 12 | 272 |
| Social Work Supervisors | 1 | 1 | 1 | 35 | 1 | 0 | 39 |

| Sex | | | |
|-------------------------|------|--------|-------|
| Position | Male | Female | Total |
| Intake Workers | 2 | 42 | 44 |
| Social Work Specialists | 21 | 260 | 272 |
| Social Work Supervisors | 5 | 34 | 39 |

| Age | | | | | | | |
|-------------------------|-------|-------|-------|-------|-----------|---------------|-------|
| Position | 20-29 | 30-39 | 40-49 | 50-59 | 60 & over | Not Specified | Total |
| Intake Workers | 3 | 10 | 9 | 16 | 6 | 0 | 44 |
| Social Work Specialists | 70 | 68 | 69 | 46 | 17 | 2 | 272 |
| Social Work Supervisors | 2 | 9 | 16 | 10 | 2 | 0 | 39 |

- **Information on caseload**

As of March 2012, statewide there was an average of 25 CPS cases per social worker. Across the regions, the average caseloads ranged between 22 and 27 cases per social worker.

The Children's Justice Act Report is Attachment 61.

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

Children and Family Services (CFS) is part of the Integrated Service Delivery Division of Social and Rehabilitation Services and is responsible for administering the State's child welfare programs including the John H. Chafee Foster Care Independence Program according to federal statutes and requirements. Services are provided directly by the division or through community partnerships with an overarching emphasis on securing a safe, permanent and self-sufficient environment for youth who are in the custody of the Secretary. As an agency that places heavy emphasis on data and program evaluation, CFS will participate in national program evaluations of its effectiveness in achieving the purposes of the Chafee Program.

Accomplishments achieved in FY 2012 and planned activities for FY 2013-for each of the five purpose areas:

1. Assist youth to transition from dependency to self-sufficiency;

The Kansas Chafee Foster Care Independence Program continues to assure provision of life skills and transition services to all youth in out of home placement starting at age 15. All youth in out of home placement must have a case plan and receive services which assist in the development of life skills and transition services or self-sufficiency. The need for both formal and informal skills and training opportunities related to developing life skills and independent living skills are to be determined and provided to all youth over 15 in out of home care regardless of the youth's permanency goal. Youth

participate and identify tasks in the development of a Learning Plan, upon completion of the CLSA, which is included in the overall case plan.

For youth in out of home care, Child Welfare Case Management Providers (CWCMP), including foster parents, are responsible for teaching or arranging information to be provided to youth regarding all aspects of life skills. As youth complete the Casey Life Skills Assessment, they will identify life skill domains on which to work. The Casey Life Skills domains are as follows:

- Maintaining Healthy Relationships
- Daily Living Activities
- Planning and Goal Setting
- Using Community Resources
- Work and Study Skills
- Budgeting and Paying Bills
- Career Planning
- Computer Literacy
- Permanent Connections to Caring Adults

Life skills are provided to all youth in out of home placement. Beginning in SFY 2013, following the discontinuance of the ACLSA and implementation of the Casey Life Skills Assessment, Kansas mandates the use of the-CLSA by all youth age 14 and over in out of home placement, regardless of permanency goal.

Training of trainers developed with the assistance from the National Resource Center for Youth Development and KYAC in 2009 is provided to child welfare staff and foster families for the purpose of teaching life skills to youth in care. In support of the goals and objectives of the Chafee Foster Care Independence Program youth participate as co-trainers whenever possible. This training is on-going.

SRS, JJA, and our CWCM Providers will continue to work together to help youth prepare for self-sufficiency prior to youth turning 18 or released from custody. Youth in out of home placement for whom custody is anticipated to continue until age 18, develop a transition plan beginning at age 16 with the provider, SRS Independent Living Coordinator or designee to begin preparation for release of custody and self-sufficiency. This provides an opportunity for the youth to build a relationship with the SRS worker to help ensure a smooth transition from CWCM Provider to SRS for the youth upon release of custody. In addition, preparation for possible post-secondary educational services, housing and extended medical coverage are seamless for the youth. Prior to a youth being released from custody case plans on all youth shall have tasks identified to meet the following identified goals for self-sufficiency:

- locating a stable and safe place to live
- the successful completion of life skills tasks
- the completion of academic or other specific educational training appropriate for the youth and copies of educational records
- received information and/or training on postponing parenthood, including information on abstinence
- received information regarding available medical and mental health services and have in their possession copies of their health records

- understanding the importance of designating a person to make health care treatment decisions on behalf of the youth if the youth becomes unable to participate in such decisions and there is no relative who would be authorized to make such decisions, through executing a health care power of attorney, health care proxy, or other similar document recognized by Kansas law.
- instruction on the use of prescribed medication
- locating a social support person/mentor (at least one adult in the community other than the caseworker whom they can go to for support).

Youth released from custody and no longer served through aftercare by the providers may request Independent Living services from any SRS office statewide. In addition, eligible youth may receive additional services for room and board as well as assistance for post-secondary education or training programs. Eligible youth may receive additional services which have been identified as needs by the youth in order to become self-sufficient. All youth regardless of age who receive Self-Sufficiency services are also required to have a Self-Sufficiency Case Plan, and participate in case plan reviews held every six months at a minimum. The most recent data indicates case plans have been opened for 460 youth for services after release from custody. Of this number, 276 have received Independent Living Subsidy.

All youth currently in out of home care are informed of program eligibility and resources by providers, JJA, Tribal and SRS staff at case planning conferences beginning at the age of 16. Prior to release of custody youth are provided a laminated card which has a brief description of services available to them. SRS website information and the CFS central office phone number are included on the card for youth to help locate Independent Living coordinators in their areas. Eligible youth are assisted with completing the application for the extended medical card. Youth are informed they are able to return to SRS at any time for services prior to their twenty-first birthday. Youth are encouraged to work with the staff in their region, but are also encouraged to call the State Independent Living Program Manager directly. After release of custody, youth can choose which region their case will be located, based on their need for access to their IL Coordinator and services.

The statewide Kansas State Youth Advisory Council (KYAC) consists of representatives from each of the five Regional Youth Advisory Councils (RYACs) that exist throughout the state. The KYAC hosted a two-day summer youth conference in July of 2011 for all youth in care from across the state including JJA and the tribes. The conference theme was “Reel Stories...Life Unscripted” with former foster youth presenting the keynote address, a panel, and several of the workshops. The KYAC will again plan and hold a two-day summer conference in July of 2012 for all youth in care statewide. This year’s theme will be “Express Yourself.” The summer conference will be organized around areas KYAC has identified as meaningful avenues for expression. Resource tables and staff will be available to offer information about employment, training, housing and abstinence. Each Regional Council is responsible for planning and hosting a mini regional conference in their region. Five regional conferences were held during FY 2011. All five regions have held conferences or retreats in FY 2012. At the regional and statewide conferences youth are oriented to the new worker monthly contact form and the National Youth in Transition Database.

SRS has partnered with the University of Kansas to provide youth the opportunity to take a survey about drug and alcohol issues as they relate to lifestyle. Youth have been given the opportunity to tell their stories about how drug and alcohol has affected their lives, and have their story included anonymously in the Kansas Independence website <http://www.kansasindependence.org/> which has been created through collaboration of the Kansas Methamphetamine Prevention Project with the University of

Kansas. The website is funded by the Kansas Serves Substance Affected Families grant. The KYAC has provided feedback about the format and content of the Kansas Independence website. The website has become the clearinghouse for independent living services and resources for youth in Kansas.

The KYAC has been very active in presentations to various groups concerning their KYAC Work Plan and issues youth face in care. In 2011, eight members of the KYAC presented at the Governor's Conference for the Prevention of Child Abuse and Neglect in November. A KYAC member participated in two ACF Region VII meetings during 2011. In August a KYAC member attended the National Youth in Transition Database Technical Assistance Conference in Washington, D.C. KYAC members participated in a focus group conducted by Claris, Inc. and organized by SRS. KYAC members participated in foster parent support groups, training conducted by the American Bar Association, and training for foster parents. Each presentation helps the youth make a difference in the way child welfare is provided in Kansas. Youth offer suggestions and share insight about the steps they are taking to help address challenges they face in the child welfare system.

During 2012 six KYAC members participated in the development of training for foster parents and the courts, under the sponsorship of the Office of Judicial Administration. Four of these members participated in video taping of court simulations that will be used for the OJA training. Three KYAC members presented at Kansas Kids @ GEAR-UP training in January. In April, three members presented at the Kansas Homelessness Coalition Summit. Four members also present in April at training for providers and social workers. A KYAC member presented at a class at the Washburn School of Law in March. The Council was present for the signing of state legislation that assures a diploma for youth who meet the state's minimum high school credits. KYAC recommended this in their 2010 work plan. A member of KYAC was selected as one of the Outstanding Young Leaders for 2012 by the Foster Club. She was featured in the SRS' statewide publication and on the agency's website in recognition of Foster Care Month in May.

The KYAC held a Strategic Planning Conference in January of 2012 for all state youth advisory council representatives. The council met with a representative from the Office of Judicial Administration and participated in a focus group held by the University of Kansas for the Kansas Partnership for Educating Kids in Care. Youth completed a KYAC Work Plan that addresses the most important challenges they face in child welfare. The representatives also identified necessary steps they can take to help resolve or address these challenges. They presented their plan to the Director and Deputy Director of Children and Family Services. The 2012 KYAC Work Plan is Attachment 65.

During 2009, with the assistance of the National Child Welfare Resource Center on Youth Development, the Council developed a tool for youth to use to facilitate and improve interaction during visits with their worker. Use of the tool by youth is voluntary and it can be used with foster parents, family resource workers, and SRS IL workers. Council members orient youth to the tool through the Regional Youth Councils as they meet throughout the year. SRS monitors use of the tool through case reads, to determine whether worker visits have been affected by use of the tool.

The collaboration with staff from Disability and Behavioral Supports that occurred for Contract Transition Training in March and April of 2009 included dissemination of information on the different Home and Community Base Service waivers. Eligibility, referral sources, and services available were shared with SRS Regional offices and Child Welfare Case Management Providers. As a result, collaboration on specific cases occurs on an as needed basis. In 2011, there were some special Regional projects to assist young adults transitioning to adult group homes to assure their needs are met so that

they do not need to remain in the custody of the Secretary of SRS. Obtaining guardians through the Kansas Guardianship Program (KGP) was identified as a concern, but this has improved through increased communication and coordination. Meetings continue with Adult Protective Services and KGP to address streamlining the procedure to procure guardians. The Child Welfare Case Management Providers are also working hard to identify guardians for young adults.

The Kansas Youth Advisory Council identified transition planning as a priority in SFY 2011. Regional Youth Councils have developed a draft of a transition guide prepared by youth, directed to youth. It incorporates the resources available through the Kansas Independence website. The 2011 statewide summer youth conference was being organized to address the specific areas of transition in the youth transition guide. KYAC plans to distribute and integrate the guide at the 2012 summer youth conference.

The KYAC adopted the “Band Together” campaign from Foster Club. Blue wrist bands were provided that are imprinted with “Support Youth in Care.” Bands were provided to supervisors and staff. Additional bands were provided to all CWCM Providers and SRS staff to show support of youth in care. The Kansas “Band Together” campaign collaborated with National Foster Care Month in May.

Independent Living Coordinators for the Child Welfare Case Management Providers, SRS, Native American tribes, and JJA held Independent Living Coordinators meetings quarterly during the period in review. These meetings help process how programs and policies are working in the field and make changes as necessary in order to best serve the youth.

All youth under tribal jurisdiction are eligible for services and supports through Chafee on the same basis as other youth. Comprehensive Social Service Grants including Independent Living services and funding for post-secondary education are provided to all four tribes to provide child welfare services to tribal youth in their jurisdiction. Regular contact with Tribal staff is conducted through scheduled Independent Living Coordinator meetings, stakeholder meetings and other contacts made directly by CFS staff to tribal staff for coordination of child welfare services. SRS regional staff continue to serve youth who have been released from tribal jurisdiction and request services. Each tribe was provided the DCF IL Program Manager’s contact information, along with copies of the Independent Living/Self-Sufficiency desk guide. The KYAC summer conference and the computer camps information was provided to each tribe, during the annual tribal site visits. None of the tribes have asked about or requested an agreement to operate their own Chafee program.

Kansas Kids @ GEAR UP is a U.S. Department of Education funded program with Wichita State University serving as the program administrator. The mission of Kansas Kids @ GEAR UP is to increase the number of students graduating from high school who are prepared for enrollment in post-secondary education, thereby enabling children to reach their full potential and consequently improving educational and social outcomes. Children in foster care placements are given top priority for services. Limited income children, those in adoptive care, and first generation children also qualify for this program. Program components for participants include tutoring, educational workshops, summer programs, ACT/SAT test preparation, mentoring, career option exploration, college scholarships and cultural activities.

Kansas received a State Abstinence Program grant in FY 2010, with the Kansas Department of Health and Environment (KDHE) designated as the lead agency. KDHE is partnering with Children’s Alliance of Kansas to provide abstinence education, mentoring and adult supervision that promotes abstinence from sexual activity. The focus of the grant is children in foster care. All Stars, Choices and Big Decisions

were the curriculums selected by the KDHE and the CWCMPs for the Kansas Abstinence Education Program (KAEP).

The All Stars and Choices programs help children build skills in decision making and promote positive self-image. The goal is to expand the network of All Stars / Choices Groups currently occurring through Child Placing Agencies in Kansas. The Children's Alliance will host leader trainings for All Stars and Choices with leader materials provided. The leaders trained will be case managers who agree to open their All Stars and Choices groups to include children in custody as well as the "At Risk" children whom they currently serve. The Big Decisions curriculum will be developed into a webinar format that children, especially foster children, can join and participate online. The Alliance will contract with a group leader who is well-trained and comfortable in sex education to conduct these webinars through WebEx on a regular basis. Ideally, participants of Big Decisions will also be part of an All Stars or Choices group but this may not be the case of every participant. An online course for foster parents educating them on the components of KAEP, All Stars Parent Session, Choices Parent Version and Big Decisions Parent Session, will be developed so that the foster parents can reinforce the learning of the 3 programs. SRS/CFS is providing matching funds in the amount of \$271,488.002 for the Kansas Abstinence Education Program.

All Transitional Living Programs were visited in SFY 2011. Information about Independent Living Services and NYTD was shared during these meetings.

2. *Help youth receive the education, training and services necessary to obtain employment;*

The Independent Living Program provides life skills classes, workshops and individual services to ensure youth have the necessary education, training and services to obtain employment. Identified available resources, programs and services are as follows:

Youth Regional and State Conferences

Youth participate in regional conferences which offer information and resources on obtaining employment, including educational and training services and supports. They are able to participate in workshops for career planning and assessments and they receive information on health issues and postponing parenthood. Through funding of all five regional councils, meetings and special events were held in all five regions during 2011 and 2012. The KYAC will host a statewide youth conference for all youth in care, including Juvenile Justice Authority and the tribes, July 25 and 26, 2012. The theme is "Express Yourself." Workshops on the areas identified by KYAC as priorities for transition will be offered. The keynote speakers will be youth formerly in care. Youth in care will co-present at many of the workshops.

Weekend Computer Camps

Computer Camps were not held during 2011, however five camps serving 175 youth will be held during 2012. A priority selection will be given to youth who were current high school seniors, youth who are working on completion of a GED, and youth who have already graduated from high school or completed their GED. The camps will be provided by a contracted source with each youth receiving 1 day-of certified training in Microsoft applications and software. Youth are given the opportunity to interact with each other and design power point presentations which are presented to the group. Each participant receives a laptop computer, printer, a subscription to one year of internet activity, and an email account upon completion of the computer camp.

Supportive Services

Supportive services provided through contractors and SRS include:

- career planning and counseling
- identifying potential employers
- resume development and interviewing skills
- completing job applications
- job shadowing, referrals and placement
- securing work permits and social security cards
- tuition, books and fees for job skills training

Youth are referred to and encouraged to access services through Workforce Development Centers throughout Kansas. Working with SRS Economic and Employment Support, CFS collaborated with the Kansas Department of Commerce to obtain the Kansas Health Profession Opportunity Project grant. Funded for five years, the project targets 500 individuals annually, including youth aging out of foster care, to provide mentoring, education, training and employment in high demand healthcare professions. Youth may be provided assistance in obtaining a GED, training and education, and an array of other supports such as career coaches and funds for child care and transportation. The project is administered through workforce centers.

The KYAC has identified in their work plans over the last couple of years, challenges related to secondary education and foster care. Although this is not a problem unique to Kansas, it remains a critical issue in the state for successful transitioning to self-sufficiency. Youth are at risk for losing or not receiving educational credits due to placement changes and moves.

Through research of all high schools in Kansas, no two schools have the same graduation requirements, which pose a huge challenge for our youth. This challenge was addressed in KYAC's 2010 work plan which recommended that youth in foster care who meet the State's minimum number of secondary credits be provided a high school diploma. Through collaboration with the Kansas Department of Education, Child Welfare Staff, and the Juvenile Justice Authority, legislation was passed during the 2011 session to require school districts to give diplomas to youth who have obtained the minimum number of high school credits required by the State. House Sub for SB 23 added language to the revised Kansas Code for Care of Children and the revised Kansas Juvenile Justice Code requiring the board of education of a school district to award a high school diploma to any person requesting a diploma if the person is at least 17 years of age, is enrolled or resides in such school district, is or has been a child in the custody of the Department of Social and Rehabilitation Services (SRS) or Juvenile Justice Authority (JJA) after turning 14 years of age, and has achieved the minimum high school graduation requirements adopted by the State Board of Education. The governor signed the bill on May 12, 2011 and the requirement went into effect July 1, 2011.

3. Help youth prepare for and enter postsecondary training and educational institutions;

The Kansas Foster Child Educational Assistance Act which began July 1, 2006, provides tuition and required fees to be waived by educational institutions for any youth who meets the eligibility criteria up until the semester the youth turns 23 years Youth receive additional funds through ETV to help offset other costs of post-secondary education.

SRS, contractor staff, JJA and Tribal staff have been informed of services available through the use of IL Coordinator meetings, stakeholders, and other information resources to understand benefits, program policies and procedures, including case planning requirements for youth interested in post-secondary education or training programs through the Chafee and ETV program.

Youth are provided opportunities to visit educational institutions and training programs to help prepare them for decisions regarding their educational opportunities. Youth also receive assistance in completing FASFA and other financial applications, school applications and assistance in enrolling in educational or training institutions.

4. *Provide personal and emotional support to youth through mentors and the promotion of interaction with dedicated adults;*

All youth need mentors or older friends they can contact for advice, counsel, and support. Youth who have a responsible adult friend or relative to offer advice and to guide them have a greater chance of succeeding. This mentor may be a family member, former foster parent, minister, teacher, or other responsible adult in the community. All youth should be provided with opportunities to interact and develop relationships with dedicated adults in the community. If a youth has not identified a community advisor/mentor by age 16, SRS, in conjunction with the Child Welfare Community Based provider, will assist the youth in identifying an individual who can help guide them into adulthood. All youth prior to release of custody are required to have a connection to a positive adult role model.

The qualifications for Mentors include being age 25 or older; ability to pass Child Abuse/Neglect Central Registry and KBI security clearance; ability and willingness to work with adolescents and young adults; knowledge of budgeting and money management; knowledge of skills necessary to succeed in daily life; supports the goal of self-sufficiency; and can model responsible behaviors.

Mentors are responsible for participating in training and educational activities regarding the roles and responsibilities of being a mentor and maintaining regular contacts with the youth. Contacts with the youth are documented. Mentors act as a source of counsel, advice and support to the youth. They also advise the youth on budgeting and money management; advise and consult with the youth on details specific to youth's education or employment plan; and receive and disperse the monthly subsidy check (if this is the arrangement agreed upon by mentor and youth).

Mentors who are providing council and support to youth who are receiving IL subsidy may receive a monthly fee. This fee is not included in the amount of subsidy provided to the youth. Future change to current policy is being considered to clarify that the monthly fee is available to insure that all youth needing a mentor will have access to one, regardless of whether the youth receives IL subsidy.

5. *Provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age;*

The state of Kansas has established a variety of services for adults 18 to 21 years of age. In addition, all independent living services available for youth 15 to 18 can be accessed by eligible former foster youth until their twenty-first birthday. Youth who were in an out of home placement for any length of time on or after their fifteenth birthday are also eligible for Chafee services through SRS.

Independent living subsidy is a time limited financial plan between a adult leaving foster care and the SRS office. The financial plan includes expectations from both the adult and the agency. The adult is expected to be working to achieve specified self-sufficiency outcomes requiring an education or employment plan and to meet regularly with his or her community advisor, or mentor and agency staff.

Agency staffs are expected to work with the adult to help them locate resources necessary to achieve the outcomes and to provide needed training and encouragement. Adults eligible for subsidy must have been in SRS or Juvenile Justice Authority custody or under Tribal jurisdiction, and in a foster care placement on their eighteenth birthday. Eligible adults are those adults who have left foster care because they attained 18 years of age, and who have not yet attained 21 years of age. Youth must have been in a foster care placement on or after their 18th birthday to receive subsidy. Youth who are in out of home care served by the contractors are informed of their eligibility for independent living subsidy for 18-20 year olds through communication and transition planning coordinated by the provider and SRS.

Adults who are eligible for the independent living subsidy may receive up to \$300 per month for room and board expenses. All adults receiving subsidy are required to have an open Self-Sufficiency case plan with the agency, sign a subsidy agreement, have a written educational or employment plan, identify a community advisor/mentor, and have completed or be working towards completion of life skills training. Subsidy does not provide full financial support. Adults who receive subsidy must be lacking a current support system to adequately provide for their financial needs, be struggling financially, and be unemployed/underemployed but actively searching for employment. In addition, they must have exhausted other resources. It is expected the adult will assume increasing responsibility for meeting his or her needs while receiving subsidy.

Documentation is required to verify the adult's efforts at becoming employed and the adult's willingness to accept part time employment while seeking a full time job. Staff and the community advisor/mentor will verify the adult's is working with employment services and is following up on job possibilities. Funds should be used to support the employment search needs of the adult. Adults who are not actively working on a formal education or employment plan are not eligible for subsidy. Subsidy is based on the adult's needs and his or her willingness to work with the agency on a time specified goal. Priority for use of these funds will provided to adult who do not have family resources able or willing to provide support to the adult. The SRS worker, mentor, and youth will complete the appropriate forms which document the adult's goals, plan, and budget. All education and employment plans will be reviewed at least every six months or more frequently if the adult's circumstances change.

Thirty percent of Chafee funds were used for room/board for young adults ages 18 to 21 who have been released from custody from foster care and meet eligibility criteria. In SFY 2011, 260 young adults received IL Subsidy. As of March, 2012, 238 adults have received Independent Living Subsidy for room/board through Chafee. In total, 641 young adults received independent living services following their release from custody during SFY 2012. IL services are included in case management services provided to youth age 15-21 while in custody and during aftercare. There were 1,869 youth age 15-20 in custody during SFY 2012.

Youth who are leaving foster care to live in their first apartment or other housing arrangement may need a onetime payment for start-up expenses, utility deposits, or supplies. A onetime maximum payment of \$500 is allowed for this purpose.

Adults who serve as the community advisory for youth who are receiving independent living subsidy may receive up to \$50 per month for their services.

SRS will also provide services and financial supports to support youth's completion of high school or GED and non-certified adult education or training that does not qualify through the ETV program as requested and needs are identified.

Adults ages 18-21 who are participating in independent living services through SRS may be referred under the CFS contract with Kansas Legal Services for determination of SSI benefits.

Kansas implemented its Medical Card Extension Program in March, 2004 to adults who turned 18 on or after July 1, 2003 who were in a foster care placement on their eighteenth birthday. Eligible adults may receive a medical card up until the month of their twenty-first birthday. Eligibility is extended to youth who were in the custody of SRS, JJA or tribal courts. All youth who apply or request Independent Living subsidy are required to apply for the Medical Card Extension Program.

ACYF-CBB-PI-05-06 provides instructions for setting up trusts if states so desire. In part, it states "jurisdictions could establish and maintain a trust fund for the purpose of assisting youth leaving foster care with expenses identified in the youth's overall individual IL plan." Any Chafee funds put into the trust still need to be expended by the end of the grant period. Therefore, the State of Kansas has made the decision to pay on a cash basis as expenses are incurred and has not established a trust fund for ETV youth.

Chafee Training Activities

At the current time, it isn't anticipated Chafee funds will be utilized for training activities during FY 2010-2014. Training of trainers for teaching life skills to youth in foster care will continue to be offered to foster families and workers throughout 2012. Training on Independent Living services is included in MAPP training.

EDUCATION AND TRAINING VOUCHERS (ETV) PROGRAM

Progress achieved and planned activities to meet the sixth purpose of CFCIP - Education and Training Vouchers (ETV) program

Describe the results of the States plan to establish, expand, or strengthen its postsecondary educational assistance program to achieve the purpose of the ETV program

The Education & Training Voucher program (ETV) serves youth by extending eligibility to the following for attendance at certified training programs and post-secondary educational institutions not included in the Tuition Waiver program:

- Youth who graduate from High School or complete their GED while in a foster care placement and in the custody of the State of Kansas, or
- Youth who were in a foster care placement and in the custody of the State of Kansas when they attained the age of 18, or
- Youth with a finalized adoption from foster care after attaining age 16, or
- Youth who have been in a foster care placement and in the custody of the State of Kansas between the ages of 16 and 18, with an order of Guardianship attained after the age of 16, or

- Youth participating in the Education and Training Voucher program on their 21st birthday, until they turn 23 years of age, as long as they are enrolled in a post-secondary education or training program and are making satisfactory progress toward completion of that program (satisfactory progress is defined by individual program guidelines.)

Youth who were in an out of home placement for any length of time after their fifteenth birthday may be eligible for the Education and Training Voucher Program.

Youth who are or have been in the custody of the State of Kansas who meet the eligibility criteria noted above and are pursuing a post-secondary education or certified training program are also eligible for the ETV program. Youth affiliated with the tribes and in custody or jurisdiction of the tribal court are eligible for Chafee funding for services and post-secondary programs. Youth in the custody of JJA, who meet the eligibility criteria, are also eligible. Through the ETV program, youth may be eligible for assistance with tuition, fees, books, supplies, room/board associated with post-secondary education or training program, transportation, technical equipment, tutoring and medical services as needs are identified to aid the youth in successfully entering and completing post-secondary education or training programs.

To receive ETV funds, youth must have an individualized independent living plan (Self-Sufficiency case plan), which indicates the youth's education or training plans and identified needs to accomplish the education or training goal(s). Youth are required to complete the Free Application for Federal Student Aid (FASFA) and applications for five scholarships, and indicate any financial aid they are awarded. The Independent Living Coordinator or Social Worker responsible for the youth's case keeps a record of all expenses and costs associated with ETV and the "Cost of Attendance" as defined in Section 102 of the Higher Education Act, so that the total shall not exceed the lesser of the limit per youth or the total cost of attendance, as defined in section 472 of the Act. The ETV year is identified by youth's individual ETV case plan dates and is not to exceed a twelve month period.

All payments and disbursements are made by SRS local offices. CFS maintains a record of all ETV funds disbursed through a special PCA and object codes used through the financial payment system. All ETV disbursements are paid using this special PCA code with appropriate object codes to document what types of services or supports are being financed through ETV. The Independent Living Coordinator or social worker assigned to the case will be responsible for case plan oversight.

An extensive database that reports payments for youth participating in Self-Sufficiency services with SRS has been developed. The database includes all ETV youth and payments made for that youth, in addition to room/board payments, eligibility and participation of Foster Child Educational Assistance Act, and other payments on behalf of individual youth. This database is accessed by all Regional SRS Coordinators as well as the State Coordinator to help coordinate and establish a central place where all payment information is recorded for these youth.

The Foster Care Tuition Waiver and ETV programs are communicated to youth through contractors and SRS staff during transition planning. Youth are also provided services and supports to help them prepare for and enter post-secondary education and training programs. Information on and assistance with financial aid grants and scholarship applications, assistance in completing high school or GED requirements in order to qualify for admissions to post-secondary education institutions or training programs, tours to universities/college fairs, SAT preparatory classes, college counseling, and tutoring is provided.

The ETV program was implemented in the fall of 2003. Youth who left foster care at age 18 are eligible for benefits, as well as youth who graduated from high school or who completed their GED while in foster care prior to their eighteenth birthday. Youth with a finalized adoption or permanent order of guardianship attained on or after their sixteenth birthday are also eligible. Tribal youth, youth in custody of the Commissioner of JJA, and youth in custody of SRS are all eligible for the ETV program.

The Kansas Child Welfare agency, SRS, administers the ETV program solely. Regional Independent Living Coordinators in the field are trained on ETV benefits and payment information and carry out the ETV program with youth in their region. For the number of youth receiving ETV, see Attachment E. During the period of July, 2010 to June, 2011, 184 new students participated in the tuition waiver program through the Foster Child Education Assistance Act. 881 youth have been approved for the tuition waiver since the SFY 2007 fall semester to attend the fall 2010 semester. Since its inception, 1,038 youth have been served through the tuition waiver.

Preparation to Implement the National Youth in Transition Data Base

The state initiated data collection October 1, 2010, for the National Youth in Transition Data Base. The Kansas Youth Advisory Council has been consulted about effective ways of reaching youth for the purpose of surveying them. The Council has established a page on Facebook, and posts updates about NYTD on it. There is a link from the Kansas Independence website to the online survey.

A data system has been developed by the agency to track the location and contact information of youth in the baseline and follow up populations. Agency and provider staff were trained on the system and the survey process, including effective approaches to contacting youth. Youth who complete the survey are offered an incentive which has been an effective tool.

Coding and reporting of IL services provided to youth in the served population was tested during July through September, 2010. Information about including tribal youth in the reported population was provided to the tribes during onsite visits. The Agency worked with the Juvenile Justice Authority to establish reporting of IL services to youth served by JJA. Youth served by the JJA may receive IL services beginning when they are 16 years of age. The next round of NYTD surveys will be administered beginning October 1, 2012. The NYTD served population report was submitted in the FFY12A file.

SUPPORTING INFORMATION

Collaboration with the Juvenile Justice Authority

Children and Family Services collaborates with the Juvenile Justice Authority to facilitate joint meetings with state personnel, providers and stakeholders providing services for both agencies. Youth Residential II providers have been involved in meetings with both agencies to improve the quality of services delivered in YRC II facilities, while at the same time, addressing system wide coordination issues. Juvenile Intake and Assessment service delivery continues to be addressed. Both agencies work together with the state Medicaid agency on mental health service delivery concerns for children in custody.

In July of 2012, the separation of JJA and SRS custody youth in group homes, Youth Residential Centers (YRC) II's and Transitional Living Programs (TLP), will be completed at the directive of the Governor's office. Separation of the two populations ensures the youth's safety and minimizes potential

victimization. Decisions were made based on historical data which included open bed reports and who they predominantly serve. JJA YRC II will have less than 500 beds and SRS YRC II will have approximately 90 beds.

SRS averages approximately 60 youth placed in a YRC II per day and JJA averages approximately 400 youth per day. JJA will ask the JJA residential providers to implement evidence-based practices regarding juvenile offenders and the criminogenic needs of JJA youth. Youth who are dually adjudicated (JJA and SRS custody) may be placed in a JJA YRC II/TLP. Youth in SRS custody with a probation case (not JJA custody) may be placed in a SRS YRC II/TLP. Youth placed in PPC are not allowed in JJA only YRC II/TLP facility. Youth cannot be placed together in same physical structure, i.e. wings (not allowed). Cottages on the same campus are allowed as long as youth do not co-mingle, school would be the exception.

Juvenile Justice Transfers

The Juvenile Justice Authority is the designated State agency for serving juvenile offenders who have been placed in the custody of the Commissioner of JJA by the courts. CFS staff is responsible for determining if juvenile offenders in JJA custody are eligible for IV-E and Medicaid. Staffs from both CFS and JJA communicate and coordinate work related to these cases. When the court orders that a youth is to be served as a juvenile offender, the youth is transferred from SRS custody to JJA custody by scheduling a transfer date with the local JJA agency. The court order and current case plan are forwarded to the local JJA agency and agencies from which the youth might receive benefits (SSA, VA, etc.) are notified of the transfer. Transfer to JJA Custody is a category of "Reason for Ending Out of Home Placement" maintained in the Family and Children Tracking System (FACTS) on a monthly basis.

Juvenile Justice Transfers

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|--------|------|------|------|------|------|------|------|------|------|
| Year | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
| Number | 52 | 49 | 50 | 67 | 71* | 66* | 54 | 48 | 78 |

*Numbers have been updated to reflect final data entry.

States have been encouraged to engage in data analysis to define the population of youth who cross over from child welfare to juvenile justice. Cross over or 'cross jurisdictional' youth is an emerging issue most states struggle to track and measure. Report highlights of youth leaving Custody of the Secretary of SRS in SFY 2010 include:

- 3.1% (n = 48) of youth were subsequently placed in the custody of the Commissioner of the Kansas Juvenile Justice Authority.
- 1.0% (n = 16) of youth were subsequently served in a Juvenile Intensive Supervision Probation case.
- 1.0% (n = 16) of youth subsequently entered a Juvenile Correctional Facility placement.
- The average length of time from the end of SRS custody to the start of JJA Custody is 0.9 months.
- Of all youth with a juvenile offense adjudication, 'Person-Other Crimes' is the most prevalent offense (50%).
- Of all the offenses committed by youth, most (83%) occurred in the same county they were adjudicated a Child in Need of Care (CINC).

Of all youth age 10 and older who exited custody of the Secretary of SRS in SFY2011 (n=1,679):

*2.7% (n =45) of youth were subsequently placed in the custody of the Commissioner of the Kansas Juvenile Justice Authority.

*1.3% (n = 22) of youth were subsequently served in a Juvenile Intensive Supervision Probation case.

*0.5% (n = 9) of youth subsequently entered a Juvenile Correctional Facility placement.

*The average length of time from the end of SRS custody to the start of JJA Custody is 2.7 months.

* Of all youth with a juvenile offense adjudication, 'Person-Other Crimes' is the most prevalent offense (47%).

* Of all the offenses committed by youth, most (82%) occurred in the same county they were adjudicated a Child in Need of Care (CINC).

* The majority of youth served in JJA programs were reunified with family upon SRS release and prior to JJA service.

An annual file is provided by JJA which includes all entries into JJA custody within the SFY. This file is used to match with any exists from SRS custody within the last five years in order to derive at a percentage of youth who cross over into the JJA population after release from SRS custody.

Attachment 66 examines data for three milestones of service for youth entering Juvenile Justice Authority Programs SYF 2005-2011.

Inter-Country Adoptions

States must describe services for children adopted from other countries and report the number of children who enter custody when an international adoption disrupts or dissolves when parental rights are terminated or relinquished including information on any agency involved, plans for the child and the basis for the disruption or dissolution.

If the adoption of a child from another country would disrupt and has not been finalized, the adoption agency would be contacted who then would assume responsibility for the child. If the adoption of a child in Kansas has not been finalized and no agency is involved or the child is not here for the purpose of adoption, the consulate for the child's country would be contacted and they would plan for the child accordingly. In the interim, the state agency would provide the same care and services to protect and care for this child as they do for any child. If a finalized adoption would disrupt and the child would be placed in the custody of the state, they would enter foster or kinship care and receive the same care and services as any other child in state custody. The FACTS database shows whether a child in state custody has had a previous adoption, whether the parents have relinquished their parental rights or the court has terminated their rights.

Adoptive Agency

Basis of the disruption or dissolution

Plans for the Child

| | | |
|--|---|---|
| Adoption Worldwide in Sulpher, LA (No longer in business.) Adopted from Guatemala. | A CINC was filed by the adoptive parents. SRS did not feel the child met the definition of a CINC but was given custody. Adoptive parents wanted to relinquish from the beginning of the case, and did not actively participate in planning for the child. Court found them to be | The case plan goal is now adoption. An adoptive resource has not yet been identified. |
|--|---|---|

| | | |
|--|---|--|
| | unfit and terminated their rights recently. | |
|--|---|--|

Child Welfare Demonstration Projects

The State of Kansas hasn't received an ACF Demonstration Grant involving the use of title IV-B funds to maximize the use of flexible title IV-E dollars with an approved waiver for the Demonstration Grant.

Kansas Family Advisory Network

The Kansas Family Advisory Network, Inc. (KFAN) was established as part of the Systems of Care Grant to sustain integration of family/customer involvement throughout child welfare and to provide an avenue for non-adversarial consumer voice. KFAN acknowledges that all consumers including the birth parent should be heard. The uniqueness of KFAN is inherent in its ability to serve as a network connecting existing and new consumer individuals and groups (family partners) with child welfare and its extensive community affiliates such as law enforcement, juvenile justice, the courts, and others (community partners).

The purpose of KFAN is to:

- promote safety, permanency, and well-being for children and families by establishing, engaging, educating, supporting, and sustaining family involvement in child welfare;
- provide support and education to children and families who have, are, or may be at risk of experiencing loss of safety, permanency, or well-being;
- promote collaboration and partnerships among birth parents and other caregivers including but not limited to foster/resource parents, adoptive parents, relatives/kin; child welfare services; social service practitioners; law enforcement; court services; policymakers; and the society at large

KFAN continues to support consumers and expand its presence in communities statewide. The KFAN website has been updated to include a link to the SRS Parent Handbook. Additionally, plans to expand the website to provide numerous links, stories, and information to the public are underway. A Facebook page is also under construction to provide additional outreach for KFAN. KFAN is represented at community events, such as the Great Topeka Duck Race, for more exposure to potentially interested families.

The Cherokee county council remains an active participant in the community.

Statewide three birth parents, one kinship parent, one foster/adopt parent, and one community member have been added to the local councils.

KFAN is a vital member of the Wichita community and now attends the Community Project planning sessions sponsored by the Wichita Region SRS. A leadership training is being scheduled for this spring. The Wichita council has an average of ten birth parents at regular meetings. Additionally, a KFAN member is an active participant in the Wichita Permanency Coordinating Council.

Another local advisory council has fully formed in Lawrence. KFAN participates in the SRS Safe Families Initiative Workgroup. KFAN offers expertise in systems of care implementation and facilitation of

identifying, engaging and partnering with various stakeholders to the Safe Families Workgroup.

KFAN members are participating in SRS Intake and Assessment policy groups, and various workshops throughout the state.

Promotional information and brochures are distributed regularly and also at Topeka's Community Action Back-to-School event.

Promoting Safe and Stable Families Methamphetamine or other Substance Abuse Grant (Kansas Serves Substance Affected Families (KSSAF)

In October, 2007, the state received a Regional Partnership Grant award of \$500,000 annually for 5 years from the Administration for Children and Families under the grant titled, "Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for Children Affected by Methamphetamine or other Substance Abuse". The agency has partnered with Kansas University, the five Child Welfare Case Management Providers, Kansas Alliance for Drug Endangered Children, LutraGroup and inDepth Learning to implement the federal grant.

Kansas Serves Substance Affected Families (KSSAF) is serving two populations:

1. In conjunction with the University of Kansas the state implemented an evidence-based model parenting program, Strengthening Families Program (SFP), as part of a partnership and community-wide strategy for the prevention of child maltreatment in children and their families affected by methamphetamine or other substance abuse. The children involved in this parenting program are either at risk of removal from their homes or have been removed with the goal of reintegration. Families participate in a 14-week evidence-based educational family skills training program to positively impact the following domains: parenting, family attachment, parental substance use, understanding risk and protective factors to avoid substance use, and child behavior. It is anticipated that through participation in this program, children will be maintained in their own homes or if out-of-home, reintegration will occur more quickly.
2. In partnership with University of Kansas and inDepth Learning, a web-based approach to prevention and early intervention of substance abuse was designed for older youth. Beginning in the winter 2010, youth age 15 and older in foster care and former foster youth receiving independent living services are targeted as part of their case planning and life skill services. The web site is: www.kansasindependence.org

All five Child Welfare Case Management Providers across the state have staff trained in SFP and they continue to provide SFP classes to families twice a year. The evaluation report completed by Kansas University indicates promising results with more timely reunification of families who participated in SFP. (See Attachment 67.)

In SFY 2012, all of the partner providers continue to provide SFP classes. This is the final year of the five year grant. The focus of this year has been on sustainability planning. The program has had very positive results for the children and families who participated. All agencies who are offering the program are interested in ensuring they have the ability to continue the program when the grant funds are no longer available.

Kansas Foster and Adoptive Parent Association (KFAPA)

The Kansas Foster and Adoptive Parent Association (KFAPA) became a non-profit agency in June 2008. They have elected board members and established standing committees. A State grant supports a portion of the work of their organization statewide. Additional funds were provided by the Court Improvement Program based on the recommendations by SCTFPP that foster parents receive training on the role of court participants.

Activities for KFAPA in SFY2011 include continued involvement in the Children's Alliance Training Committee, the Relatives as Parents Program Advisory Task Force, the Governor's Conference on the Prevention of Child Abuse Planning Committee, and a participant in Foster Care Affair. They are a part of the Child Safety and Permanency Panel. KFAPA was actively involved in the KDHE BEST Teams that reviewed the foster care homes and Child Placing Agency licensing regulations. They have an active website, and receive many inquiries from families via the website.

The KFAPA/KFAN Parent Summit was held in Salina on July 10, 2010, and approximately 100 people attended. The feedback about the conference was very positive. Families gathered to discuss the child welfare system and make suggestions and/or recommendations for positive change in the areas of: placements; exchange of information; legal process; reintegration; collaboration, and investigations. The next Parent Summit will be held in the fall, 2011. KFAPA is also working on developing a mentorship program with new foster parents and current KFAPA members to serve as a resource as new foster parents become licensed foster parents.

KFAPA has formed positive connections with Child Placing Agencies, SRS, KDHE, OJA, and KFAN. They are committed to working in the child welfare arena to empower foster, adoptive and kinship families, and feel that better trained and informed families provide a higher quality of temporary or permanent parenting to the children in need.

Non-related kin are able to have the child placed in their home after background checks are completed, an assessment is made of their ability to meet the child's needs and their home meets the child's safety needs. These foster families are required to complete PS-MAPP training and all of the requirements for licensure prior to receiving a full foster home license from Kansas Department of Health and Environment.

Children's Alliance collaborates with child placing agencies to assess, develop, distribute and evaluate training identified as needed by foster parents who are caring for older youth with mental health and behavioral needs in their homes. They assisted the Child Welfare Case Management Providers to provide training for foster parents on how to teach life/independent living skills to youth in their care by holding a Training of the Trainers on the topic with the curriculum developed in conjunction with the National Resource Center on Youth Development.

KFAPA is currently working on updating their bylaws. This update will incorporate the previous regional realignment from 5 regions to 4 regions and will also incorporate the agency name which is changing effective July 1st, 2012, to Department for Children and Families.

Children's Alliance, DCCCA, AYS, Kids TLC, The Shelter and Youthville were some of the agencies to participate with KFAPA in the "It's All About You: Charge up and Sparkle" training on April 24, 2012. This training for foster and adoptive parents focusses on taking care of yourself being crucial when you are you taking care of others.

KFAPA Participated in the Walk Me Hoe 5k event May 12, 2012 in Lenexa. This national effort focuses on support for, and encouragement for, getting kids into their permanency homes. Also during this past year, KFAPA has been represented at the Governor's Conference on the Prevention of Child Abuse and Neglect in November, 2012. The KFAPA website is maintained, it is www.kfapa.com.

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)

FY 2008 (10/1/2007 to 9/30/2008):

| Total Cases Received | Cases Approved Within 60 Days | Cases Denied Within 60 Days | Extension Requested, Then Approved Within 75 Days | Extension Requested, Then Denied Within 75 Days | Completed More Than 75 Days |
|----------------------|-------------------------------|-----------------------------|---|---|-----------------------------|
| 181 | 16 | 48 | 38 | 34 | 31 |

FY 2009 (10/1/2008 to 9/30/2009):

| Total Received | Cases Approved Within 60 Days | Cases Denied Within 60 Days | Cases Approved – Over 60 Days | Cases Denied – Over 60 Days |
|----------------|-------------------------------|-----------------------------|-------------------------------|-----------------------------|
| 186 | 52 | 66 | 40 | 28 |

FY 2010 (10/1/2009 to 9/30/2010):

| Total Received | Cases Approved Within 60 Days | Cases Denied Within 60 Days | Cases Approved – Over 60 Days | Cases Denied – Over 60 Days |
|----------------|-------------------------------|-----------------------------|-------------------------------|-----------------------------|
| 181 | 40 | 64 | 63 | 14 |

Update: According to the ACYF-CB-IM-06-03, extensions were not to be granted after September 30, 2010.

FY 2011 (10/1/2010 to 9/30/2011):

| Total Received | Cases Approved Within 60 Days | Cases Denied Within 60 Days | Cases Approved – Over 60 Days | Cases Denied – Over 60 Days |
|----------------|-------------------------------|-----------------------------|-------------------------------|-----------------------------|
| 158 | 19 | 47 | 52 | 23 |

Reasons for home studies not being completed within 60 days include the following:

Reasons for home studies not being completed within 60 days include the following:

- time needed for federal criminal background checks,
- court order not in packet,
- court order in packet didn't have judge's signature,
- family's response time.

Many times, families need additional time to consider potential placements in relation to their current family's circumstances. Or, the time it takes to complete medical examinations, home study visits, and

other activities which involved taking time off of work resulted in the delay. Families need time to process whether the child's placement would be beneficial for the children being placed or their own family. The extent to which the 75-day extension resulted in resolution of circumstances that necessitated the extension are seen in the above chart.

View-only access to the ICPC database has been given to CWCMP and local SRS ICPC staff, which makes information easily accessible and timely. The database has enabled staff to closely monitor cases as the time period for completion approached. This proactive approach has been helpful in facilitating more timely completion of home studies.

Actions taken by the State include on-going coordination with the Office of Judicial Administration, an updated ICPC Training Manual on the Web for easy access by providers and staff which has been well received. Regular ICPC teleconferences have begun with ICPC administrative staff, provider and SRS regional staff. Technical assistance is provided with group discussion of the processes and varied approaches to meet timelines. Workers learn from each other as well as receive clarifications when needed. The electronic scanning of referrals from the Kansas ICPC to Kansas local offices has helped reduce time involved in completing home studies.

Kansas does now track "completed preliminary home studies" separate from the "placement decision". The placement decision is made only after all information is complete and all criminal background checks are received.

FINANCIAL AND STATISTICAL INFORMATION

The CFS-101 is an attachment to the E-mail as a PDF. File. Included with the CFS-101 is supporting documentation regarding Title IV-B Subpart 1 expenditures.

Section I - Financial Information

Part 2 - Payment Limitations - Title IV-B, Subpart 2

State & local share spending for Title IV-B, subpart 2 programs for FFY 2008 against SFY 1992 base year amount - nonsupplantation requirements in Section 432(a)(7)(A)

| Category | <u>1992</u> | <u>2010</u> |
|------------------------------|------------------------|---------------------|
| Family Services | \$ 1,661.00 | \$ 329,892.00 |
| Family Preservation | \$ - | \$ 1,553,974.00 |
| Time Limited Reunification | \$27,424,568.00 | \$50,768,136.00 |
| Adoption promotion & support | \$ 1,072,510.00 | \$12,105,993.00 |
| Total | \$28,498,739.00 | \$52,771,628 |

Payment Limitations for Title IV-B, subpart I, are in the following table.

State of Kansas

FFY 2012 Title IV-B Child and Family Services Plan

Section G - Financial Information

Payment Limitations-Title IV-B, subpart

FFY 2005, Title IV-B, subpart I
expenditures:

| | |
|-------------|---------------------|
| Child Care | \$00 00 |
| Foster Care | \$ 439,792.49 |
| Adoption | |
| Assistance | <u>\$ 95,070.09</u> |

Total FFY 2005
Expenditures \$ 534,862.58

FFY 2005, non-federal state match expenditures:

| | |
|-------------|---------------------|
| Child Care | \$ - |
| Foster Care | \$ 146,597.50 |
| Adoption | |
| Assistance | <u>\$ 31,690.03</u> |

Total FFY 2005 non-
federal match
Expenditures \$ 178,287.53